

UNITED STATES DISTRICT COURT

FEB 1 3 2019 ADMINISTRATIVE

NORTHERN DISTRICT O	F ILLINOIS, NORTHERN DISTRICT DIVISION REVIEW BOX
DEANDRE CRAWFORD,	
Plaintiff,	
v.	
DR. ANGUINALDO, C/O ANASTACIO, C/O CANNAHAN, C/O RAGUSA, CHIEF ENGINEER DOLY, C/O DANALWHICH, L DIAZ, LT. BENNETT, LT. BURKBILE, LT. GIVENS, SGT. CARROLL, SGT. HART, SCHEPLIN, SGT. WHITFIELD, WARDEN PFISTER, DR. SALAH OBAISI, and WEXFO HEALTH SOURCES, INC. (nominal defendation)	MR. (If the action is pending in another district, state where) ORD
Defendants.	
SUBPOENA TO PRODUCE I OR TO PERMIT INSPEC	OOCUMENTS, INFORMATION, OR OBJECTS TION OF PREMISES IN A CIVIL ACTION
documents, electronically stored information, or	O to produce at the time, date, and place set forth below the following objects, and permit their inspection, copying testing, or sampling of ies of all documents relative to grievances filed by Deandre
Place:	Date and Time:
Cassiday Schade LLP 222 W. Adams St. Suite 2900 Chicago, IL 60606	March 18, 2019 at 4:00 p.m.
other property possessed or controlled by you a	OMMANDED to permit entry onto the designated premises, land, or the time, date, and location set forth below, so that the requesting test, or sample the property or any designated object or operation on
Place:	Date and Time:

The provisions of Fed. R. Civ. P. 45(c), relating to your protection as a person subject to a subpoena, and Rule 45 (d) and (e), relating to your duty to respond to this subpoena and the potential consequences of not doing so, are attached.

AO 88B (Rev. 02/14) Subpoena to F	Produce Documents, Information, or Objects or to Per	mit Inspection of	Premises in a Civil Action (rage 2)	
Date: February 8, 2019	P			
	CLERK OF COURT			
		OR	/s/Joseph J. Lombardo	
	Signature of Clerk or Deputy Clerk	•	Attorney's Signature	

The name, address, e-mail, and telephone number of the attorney representing (name of party) <u>LIDIA DIAZ, R.N., and EVARISTO AGUINALDO, M.D.</u> who issues or requests this subpoena, are: <u>Joseph J. Lombardo, Cassiday Schade LLP, 222 West Adams Street, Suite 2900, Chicago, IL 60606, (312) 641-3100, ilombardo@cassiday.com</u>.

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Civil Action No. 18-cv-4882

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

This subpoena for (name of individual and title, if a	any) was received
by me on (date)	
☐ I served the subpoena by mailing via certific	ed mail, return receipt requested, No. 7018 1830 0001
-	ws: Illinois Department of Corrections, Attn:
	dia Court, P.O. Box 19277, Springfield, Illinois 62794-
9277 on (date) Februar	
	ed because:
tendered to the witness fee or one day's atten \$ My fees are \$ for travel and \$	
I declare under penalty of perjury that this informate	tion is true.
Date: February 8, 2019	/s/Beverly Korito-Weeks Server's Signature
	Beverly Korito-Weeks Printed Name and Title
	222 W. Adams St. Suite 2900, Chicago, IL 60606

Additional information regarding attempted service, etc:

Federal Rule of Civil Procedure 45 (c), (d), and (e) and (g) (Effective 12/1/13)

(c) Place of Compliance.

- (1) For a Trial, Hearing, or Deposition. A subpoena may command a person to attend a trial, hearing, or deposition only as follows:
- (A) within 100 miles of where the person resides, is employed, or regularly transacts business in person; or
- (B) within the state where the person resides, is employed, or regularly transacts business in person, if the person
 - (i) is a party or a party's officer; or
- (ii) is commanded to attend a trial and would not incur substantial expense.

(2) For Other Discovery. A subpoena may command:

- (A) production of documents, electronically stored information, or tangible things at a place within 100 miles of where the person resides, is employed, or regularly transacts business in person; and
 - (B) inspection of premises at the premises to be inspected.

(d) Protecting a Person Subject to a Subpoena; Enforcement.

(1) Avoiding Undue Burden or Expense; Sanctions. A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The court for the district where compliance is required must enforce this duty and impose an appropriate sanction - which may include lost earnings and reasonable attorney's fees - on a party or attorney who fails to comply.

(2) Command to Produce Materials or Permit Inspection.

- (A) Appearance Not Required. A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.
- (B) Objections. A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing, or sampling any or all of the materials or to inspecting the premises or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:
- (i) At any time, on notice to the commanded person, the serving party may move the court for the district where compliance is required for an order compelling production or inspection.
- (ii) These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance.

(3) Quashing or Modifying a Subpoena.

- (A) When Required. On timely motion, the court for the district where compliance is required must quash or modify a subpoena that;
 - (i) fails to allow a reasonable time to comply;
- (ii) requires a person to comply beyond the geographical limits specified in Rule 45(c);
- (iii) requires disclosure of privileged or other protected matter, if no exception or waiver applies; or
 - (iv) subjects a person to undue burden.
- (B) When Permitted. To protect a person subject to or affected by a subpocna, the court for the district where compliance is required may, on motion, quash or modify the subpocna if it requires:
- (i) disclosing a trade secret or other confidential research, development, or commercial information; or

- (ii) disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party.
- (C) Spec Eying Conditions as an Alternative. In the circumstances described in Rule 45(d)(3)(B), the court may, instead of quashing or modifying a subpoena, order appearance or production under specified conditions if the serving party:
- (i) shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship; and
 - (ii) ensures that the subpoenaed person will be reasonably compensated.

(e) Duties in Responding to a Subpoena.

- (1) Producing Documents or Electronically Stored Information. These procedures apply to producing documents or electronically stored information:
- (A) Documents. A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.
- (B) Form for Producing Electronically Stored Information Not Specified. If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.
- (C) Electronically Stored Information Produced in Only One Form. The person responding need not produce the same electronically stored information in more than one form.
- (D) Inaccessible Electronically Stored Information. The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) Claiming Privilege or Protection.

- (A) Information Withheld. A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:
 - (i) expressly make the claim; and
- (ii) describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.
- (B) Information Produced. If information produced in response to a subpocna is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information under seal to the court for the district where compliance is required for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.

(g) Contempt.

The court for the district where compliance is required - and also, after a motion is transferred, the issuing court - may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena or an order related to it.

For access to subpoena materials, see Fed. R. Civ. P. 45(a) Committee Note (2013).

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

DEANDRE CRAWFORD,

ν.

Plaintiff,

Case Number 18-cv-4882

Judge Edmond E. Chang

WEXFORD HEALTH SOURCES, INC., et al.,

Defendants.

QUALIFIED PROTECTIVE ORDER PURSUANT TO HIPAA

Pursuant to Rule 26(c) of the Federal Rules of Civil Procedure and 45 C.F.R. § 164.512(e)(1), the Court finds good cause for the issuance of a qualified protective order and ORDERS as follows:

- I. The parties and their attorneys are hereby authorized to receive, subpoena and transmit "protected health information" pertaining to Plaintiff to the extent and subject to the conditions outlined herein.
- 2. For the purposes of this qualified protective order, "protected health information" shall have the same scope and definition as set forth in 45 C.F.R. § 160.103 and 164.501. Protected health information includes, but is not limited to, health information, including demographic information, relating to either (a) the past, present, or future physical and mental condition of an individual, (b) the provision of care to an individual, or (c) the payment for care provided to an individual, which identifies the individual or which reasonably could be expected to identify the individual.
- 3. All "covered entities" (as defined by 45 C.F.R. § 160.13) are hereby authorized to disclose protected health information pertaining to Plaintiff to attorneys representing the Plaintiff and Defendants in the above-captioned litigation.

- 4. The parties and their attorneys shall be permitted to use or disclose the protected health information of Plaintiff only for purposes of prosecuting or defending this action including any appeals of this case. This includes, but is not necessarily limited to, disclosure to their attorneys, experts, consultants, court personnel, court reporters, copy services, trial consultants, and other entities or persons involved in the litigation process of this case.
- 5. Prior to disclosing Plaintiff's protected health information to persons involved in this litigation, counsel shall inform each such person that Plaintiff's protected health information may not be used or disclosed for any purpose other than this litigation. Counsel shall take all other reasonable steps to ensure that persons receiving Plaintiff's protected health information do not use or disclose such information for any purpose other than this litigation.
- 6. Within 45 days after the conclusion of the litigation including appeals, the parties, their attorneys, and any person or entity in possession of protected health information received from counsel pursuant to paragraph four of this Order, shall return Plaintiff's protected health information to the covered entity or destroy any and all copies of protected health information pertaining to Plaintiff, except that counsel are not required to secure the return or destruction of protected health information submitted to the court.
- 7. This Order does not control or limit the use of protected health information pertaining to Plaintiff that comes into the possession of the parties or their attorneys from a source other than a "covered entity," as that term is defined in 45 C.F.R. § 160.103.
- 8. Nothing in this Order authorizes counsel for the Defendants to obtain medical records or information through means other than formal discovery requests, subpoenas, depositions, pursuant to a patient authorization, or other lawful process.

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9. This Order does not authorize either party to seal court filings or court proceedings. The Court will make a good cause determination for filing under seal if and when the parties seek to file Plaintiff's protected health information under seal.

ENTER: Edund &. Chang

Edmond E. Chang, District Court Judge

Dated: 2-5-2019

Inches Co. 1	Hearing/Rec	. —	Hearing	Chair	Mail	
Igrv Code	Date	Loc	Loc	Code	Code	Comments Field
DR	02/14/2019	STA	STA	SAJO	G	RGF; GRV# 7607 DR 12/3/2018 FOR 310 AND 313. PTF, OVER 30 DAYS FROM CAO SIC
CONDITIONS	01/23/2019	STA	STA	SHBE	G	GRV# 3635 ON NO HOT WATER IN SINK SINCE 4/9/18 & C/O SHARP DENIED SHOWE
GRIEV PROCESS	08/30/2018	STA	STA	SAJO	G	RGF; GRV DTD 7/2/2018. GRVS STATUS OF GRV #3635 CLAIMS THAT HE DID NOT RE
DR	03/06/2018	STA	STA	SAJO	G	RGF; GRV# 1239+1386. *NO WRITTEN GRV ATTACHED* INC# 201703490, DR 12/11/17.
PP	09/29/2017	STA	STA	SAJO	G	GRV #1788. GRVS MISSING PP UPON SEG RELEASE 5/25/17. MISSING FAN, RAZOR,
PROGRAM/JOBS	08/25/2017	STA	STA	SAJO	G	GRV #1375. GRV DTD 4-19-17. GRVS BEING FIRED FROM HIS SOAP SHOP JOB. I/M S
MEDICAL	08/09/2017	STA	STA	SAJO	G	GRV# 1195; GRVS ONGOING ISSUE WITH ELNARGED PROSTRATE AND SHOULD NO
PP	08/09/2017	STA	STA	SAJO	G	GRV# 1073; GRVS TACT TEAM SHAKEDOWN IN 1/2017 OF INDUSTRIES & ITEMS MIS
BUSINESS/TRUS	04/03/2017	STA	STA	SAJO	G	GRV #197. GRVS HE WAS OVERCHARGED FOR COMMISSARY
CONDITIONS	03/02/2017	STA	STA	SAJO	G	GRV #3165. GRVS MATTRESS WAS TAKEN DURING SHAKEDOWN ON 7/12/16 AND H/
CONDITIONS	01/03/2017	STA	STA	SAJO	G	GRV #1283. DTD 2-21-16. GRVS SINK NOT WORKING IN CELL 408. PER GRV OFF SIN
RELIGION	01/03/2017	STA	STA	SAJO	G	GRV #323. GRVS SGT PANAZZO TOLD HIM TO REMOVE RELIOUS HEADGEAR 1/18/11
STAFF CONDUCT	01/03/2017	STA	STA	SAJO	G	GRV #784. DTD 1-24-16. GRVS SGT. PANNAZZO AND LT. BENNETT 1/20/16 DENIED HI
DR	12/21/2016	STA	STA	SHBE	G	RGF; GRV# 2069: IDR 3/17/16 (201601016). GRV IS DATED 3/25/16 & ARB ADDRESSEI
DR	10/12/2016	STA	STA	SHBE	G	GRV# 1742: IDR'S (2) DATED 3/17/16 & 3/18/16 (1016 & 1028). GRV IS DATED 4/12/16 &
MEDICAL	09/28/2016	STA	STA	DEKN	G	GRV H175. CLAIMS HE DID NOT RECEIVE HIS A.M. MEDICATION ON 1/18/16, 1/19/16
MEDICAL	07/21/2016	STA	STA	SHBE	G	GRV# H199: HCU VISIT 1/18/16, DENTAL EXAM W/ DR. OBENHOUSER. GRV IS DATED
MEDICAL	07/21/2016	STA	STA	SHBE	G	GRV# H200: FILLING TX, FOLLOW-UP (DEC/2015). GRV IS DATED 1/15/16 & CLAIMS N
MEDICAL	07/21/2016	STA	STA	SHBE	G	GRV# H197: TX FOR PAIN 12/13/15. GRV IS DATED 12/16/15 & WRITES ON 12/11/15 TE
MEDICAL	05/18/2016	STA	STA	SAJO	G	GRV# 4836. GRVS NOT REC'V SEIZURE MEDS DEPAKOTE. FAILS TO CITE WHEN HE
MEDICAL	02/05/2016	STA	STA	SAJO	G	GRV #H643, GRVS DURING RAMADAN FAST HIS MEDICATION WAS NOT BROUGHT F
MEDICAL	02/04/2016	STA	STA	SAJO	G	GRV #H751; MED TX FOR PAIN IN BACK AND SHOULDER. GRVS HE WAS SEEN BY NI
MEDICAL	01/28/2016	STA	STA	SAJO	G	RGF; GRVS NEEDS FILLING IN HIS TOOTH. GRV DATED 12/17/15. NEED FAC RESPON
STAFF CONDUCT	11/17/2015	STA	STA	LEMC	G	RGF: GRV 1520; CO ALVAREZ 3/15/15. ARB RECEIVED 30 DAYS PTF OF CAO'S SIGNA
MEDICAL`	05/29/2015	STA	STA	SAJO	G	GRV. # M229: GRIEVES NOT RECEIVING PROPER MED TX FOR BROKEN TOOTH WH
STAFF CONDUCT	04/07/2015	STA	STA	SAJO	G	GRV # 2483; INCIDENT 7/30/14 W/ C/O WALKER NOT ALLOWING HIM TO GO ON CALL
MEDICAL	04/06/2015	STA	STA	SAJO	G	GRV#'S M317+M319; CO-PAY OF 5/23/14 AND 6/5/14 FOR FOLLOW-UP TX FOR BROKE
DR	03/11/2015	STA	STA	SAJO	G	RGF GRV# 4229; DR 10/24/14 AND 2 MEDICAL CO-PAYS. MISSING FIRST PAGE OF G
PROGRAM/JOBS	02/27/2015	STA	STA	SAJO	G	GRV # 2484; REMOVED FROM JOB 8/3/14. GRV IS DATED 8/4/14. CLAIMS IS DISCRIMI
MEDICAL	12/29/2014	STA	STA	SHBE	G	GRV# M257: REQUEST FOR DENTAL TX 5/16/14. GRV IS DATED THE SAME & I/M CLA
MEDICAL	12/19/2014	STA	STA	SHBE	G	GRV# 1844: SEIZURE CLINIC OF 4/22/14 & CLAIMS C/O WALKER WOULDN'T ALLOW FARB - Crawford 000008

	Hearing/Rec	lgrv	Hearing	Chair	Mail	
lgrv Code	Date	Loc	Loc	Code	Code	Comments Field
RELIGION	12/19/2014	STA	STA	SHBE	G	RGF; GRV# 1181: HALAL DIET & REQUESTING ABOUT ONE SINCE AUG/2012. GRV IS
MEDICAL	04/14/2014	STA	STA	SAJO	G	RGF; (3) GRVS. GRVS PARTIAL WAS FINALLY MADE AND DENTIST REFUSED TO GIVI
STAFF CONDUCT	04/14/2014	STA	STA	SAJO	G	RGF; ALLEGES CO CARROLL WOULD NOT LET HIM TAKE IN HOUSE CALL PASS TO §

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: Canada Jehnal M30030
Facility:Stateur
Grievance: Facility Grievance # (if applicable) Dated: 12/10/11 Or Correspondence: Dated:
Received: Old Regarding Old 10 10 10 10 10 10 10 10 10 10 10 10 10
The attached grievance or correspondence is being returned for the following reasons:
Additional information required:
Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
Provide dates when incidents occurred.
Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277
Misdirected:
Contact your correctional counselor or Field Services regarding this issue.
Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
Contact the Record Office with your request or to provide additional information.
Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706
No further redress:
Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
This office previously addressed this issue on
☐ No justification provided for additional consideration.
Other (specify):
Completed by: Sarah Johnson Print Name Print Name Online Signature Print Name

Distribution: Offender

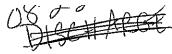
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 3/2018)

R.LINOIS DEPARTMENT OF CORRECTIONS & 962/1502
Type of Report: STATEVILE C.C. Date: 12/3/18
Disciplinary investigative Facility
1) Offender Name: CRAWFORD SERVENT DEANDER ID#: M30080
Observation Date: 12/3/18 Approximate Time: 1/40 Epm. Location: South York
Offense(s): DR 504: 310 Abuse of Purileger, 313 Disoberred A Duck Order
Observation: (NOTE: Each offense identified above must be substantiated.)
A walled order, to bound 118 for sainly ofthe Dayne and sine of weekel
order to clear youl at approx 1045pm, At approx 109pm the R/5gt
cleared, South Good for claw I'm Grawford positive I D. ty state I D.
Refused to come of the City of Report
TOPOLOGIC SERVICE SERV
Witnessies): Lt Jarafr dr. Stiwery #13391
Witness(es): Lt. Jacoby offic. Stowerd # 13391 Glock if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.
A: CARTER . 4909 A- O-CO 12/3/18 1200 Dam.
Reporting Employee (Print Name) Badge # Signature Date Time
Disciplinary Action:
Shift Review: Temporary Confinement Investigative Status Reasons:
Printed Name and Badge # Shift Supervisor's Signature Date (For Transition Centers, Chief Administrative Officer)
Reviewing Officer's Decision: Confinement reviewed by Reviewing Officer Comment:
Major Invaction, submitted for Hearing Investigator, if necessary and to Adjustment Committee
Minor Intraction, submitted to Program Unit T.u. Benny #614 (Nuclous) 12-4-18-
Print Reviewing Officat's Name and Budge # Reviewing Officer's Signature Date
Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):
Print Hearing investigator's Name and Badge # Hearing investigator's Signature Date
Procedures Applicable to all Hearings on investigative and Disciplinary Reports
You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.
Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could
testify to by filling out the appropriate space on this form, bearing the Managers you want to have intervened and speak you want to recover and speak you are unable to prepare a defense. You may request a reasonable extension of time to prepare a defense. You may request a reasonable extension of time to prepare a defense. You may request a reasonable extension of time to prepare a defense. You may request a reasonable extension of time to prepare to your hearing.
Chipck if offender refused to sign
MOSTIE Offender's Signature 5/03
Serving Employee (Print Name) Badge # C(C) Gradure
Date Served Time Served
I hereby agree to walve 24-hour notice of charges prior to the disciplinary hearing.
Offender's Signature ID#
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)
Date of Disciplinary Report Print offender's name ID# I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report
of the above date;
Print Name of witness Witness badge or ID# Assigned Ceil Title (if applicable)
Print Name of witness Witness badge or ID# Assigned Cell (If applicable) Witness can testify to:
FEB 1 1 2019
Print Name of witness Witness badge or ID# Assigned Cell (If applicable) ADMINISTRATIVE
Witness can testify to:REVIEW BOARD
Page of Distribution: Master File Printed on Recipied Page DOC 0317 (Rev. 2/2007)
Offender Facility (2) ARB - Crawford 000011

ILLINOIS DEPARTMENT OF CORRECTIONS TO COMMITTED PERSON'S GRIEVANG



	- RESPO	DNSE 10 COMMITTED		
		Grievance Office	т кероп	
Date Received: 12	/24/18	Date of Review:	1/2/19	Grievance # (optional): 7607
Committed Person: DeAr	dre Crawford			ĭ D #: <u>М300₿0</u>
Nature of Grievanc	e: DR - 201	1802962/1-STA		
Facts Reviewed: Gri one month each c gra expunged.	evant was issi de, commissa	ued a DR for 310 and and recr	313 on 12/3/18 ai eation restriction.	nd was found guilty and received He wants the disciplinary report
recently satisfied a	f the offender	's auilt-Grievance Offic	cer cannot substa	tment Committee that they are intiate the incident occurred any is imposed are within max capacity.
		•	•	
Recommendation: B DENIED. Unable to so	ased upon a t ibstantiate thi	otal review of all availa s incident occurred any	able information, i other way than i	t is recommended that grievance be reported.
			0	
			1000	Miller
	<i>ina McBee, C</i> Grievance Officer's N		_ WWW	Grievance Officer's Signature
		Committed Person's Grievance, in	ncluding counselor's resp	oonse if applicable)
/	/	Chief Administrative Of	ficer's Response	ALIPA .
Date Received://_	19	I concur	☐ I do not co	ncur Remand
Comments:				
			TO THE WEST	AL D'y STY 43 Whiteh American
			RECH	INED
1(1 2019
J. M	les (bb)			BOARD 1/4/19
/ Chief Administra		ommitted Person's App	eal To The Directo	or Date
Lam annualisa the Objet A	L			
I am appealing the Chief Admin Chief Administrative Officer's coniginal grievance, including the	lecision to the Adm	inistrative Review Board, P.O.	Box 19277, Springfield	t be submitted within 30 days after the date of the IL 62794-9277. (Attach a complete copy of the

Distribution: Master File; Committed Person

· Page 1

ARB - Crawford 000012cs DC 5657)

M30080

OFFENDER'S GRIEVANCE

PHJJ

10 / 11 / 10	tender: sess Print) DEANO	ire Crawf	ford	M30080
Present Facility: STF	4	Facility where grievance lesue occurred:		
NATURE OF GRIEVANCE:				Fig. 1
Personal Property Staff Conduct Transfer Denial by Facility	Mail Handling Dietary Dransfer Denial by Tr	Hestoration of Good T Medical Treatment ansfer Coordinator	ime	1607
Disciplinary Report: 12 1	of Report		Facility where leaved	The Market Markets
Note: Protective Custody Denials Complete: Attach a copy of any partinent Counselor, unless the lesus involve Grievenos Officer, only if the issue Chief Administrative Officer, only I Administrative Review Board, only administrative Officer.	document (such as a Disc a discipina, la dosmad an d involves discipina at the pa f insernament grisvance. If the issue involves transf , issues from another facilit	iplinary Report, Shahadewa I emergency, or is subject to esent facility or issue not re er denial by the Transfer C y except personal property	becord, etc.) and eand t direct review by the Ad- actived by Counselor. cordinator, protective co issues, or issues not re	io: ministrative Plaview Board. ustody, involuntary solved by the Chief
Summary of Grievance (Provide Information for each person involved): ON 12-3-18 I u ticket for 310- ing a direct or youd myself an	including a description of a vas with alvuse of dero Will al g three re cloquet	to the su	Beddy Proj and 3 y the s	ous 13-Disoley- outh ere looked Carter
came and lack to keave the yard. con. He man It yard is not a Relief Requested:	he gate su el asked sald to perhilloge	Lock y as	ter sulair ter sulait the on! H inmates	me Lo t Pe was overer Prec u
Check only it this is an EMERGENCY of LOU ANALL Crawford	A Bignature			or irreparable harm to self. 2 1 16 1 8 Data
	Courselor's	65p0f199 (N applicable)		
Data Received:/ Response:	Send directly to Grie	vance Officer		Soard, P.O. Box 19277,
•			•	
Print Counselor's Name	•	Counselor	s Signature	Date of Response
	EMEGGE	NCY REVIEW	RE	
lata lecelved:/		of an emergency nature?	Yes; expedite an	EB 1 1 2019 Property grievance Third substantial AdE Third (UP) (1998)
Chief Admin	istrative Officer's Signature			/ Dale

BLINGS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

2000	Com Att. Tion Bis law.
Es a right provided by the immater are required to have	X- amount of rea and
immater are required to have	reine to thereps this
Live a ti all the collection of the lex	LOUDS & FILE
chance of silverse of strively	denial is unjust and
coise. And the 30 dry yard	denial is united the
amasta should be welled.	
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	3
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	•

Perm 2

DOC 0046 (f



The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offender: Crawford Slandine
ID#: M300()80
Facility: Staten 10
This is in response to your grievance received on
☐ Transfer denied by the Facility
☐ Dietary
Personal Property
Mailroom/Publications
Assignment (job, cell)
The contract of the set that the set the set that the set the set that
Conditions (cell conditions, cleaning supplies, etc.) No Hot water Since 4/9/18
Disciplinary Report: Dated: Incident # Other 10 Sharp denied Shower 4/2018
Based on a review of all available information, this office has determined your grievance to be:
Affirmed, Warden is advised to Denied as the facility is following the procedures cultimed in DR525.
Denied as procedures were followed in accordance with DR
decision Denied as this office finds no violation of the offender's due
Denied, this office finds the issue was appropriately process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the
offense cited in the report. Other: Mixed. Hot water has been fixed: most White tartialed against stap! denied.
FOR THE BOARD: Sherry Benton Administrative Review Board CONCURRED: John R. Baldwin Acting Director
CC: Warden, Statistic Correctional Center M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

600

h ,		Grievance Officer's	Report	,			
Date Received: August 23, 20	18	Date of Review: Novemb	er 30, 2018	Grievance # 3635			
Committed Person: DEANDRI							
Committee Gloon PERMIN				ID#M30080			
				15111100000			
Nature of Grievance: CONDIT	IONS						
Facts Reviewed: Grievant claims in a grievance written 4/20/18 that since 4/9/18 he has been without hot water in his cell. He asked the Unit Security staff about getting a shower after yard since they do not have hot water in the cell to wash up but was told no by C/O Sharp, Sgt. Bailey and an unnamed Lt. He further claims he has not been allowed to shower outside of his scheduled shower days, 3 days per week. He is requesting that is hot water be turned on.							
Counselor Response: Per Ch given after yard. – Counselor	Counselor Response: Per Chief Engineer, the Issue with the hot water has been resolved. Per C/O Sharp, showers are not given after yard. – Counselor M. Ezell 8/14/18						
Grievance Officer finds that p	er Chief Engine	eer the issue regarding no	o hot water in grieva	nt cell has been resolved.			
	not given show	vers upon request or after	they return from ya	rd. Offenders are only allowed			
Grievant by his own admission							
Sherances in own damage		77		RECEIVED			
				JAN 0 4 2019			
				ADMINISTRATIVE			
				REVIEW BOARD			
Recommendation: Based on that this grievance be consid	a total review lered MOOT.	of all available informat	ion it is the recomn	nendation of this Grievance Officer			
			~)			
_ ,, _ , _ , , , , , , , , , , , , , ,			Ca	trankler call			
Colleen Franklin CCII Print Griev	rance Officer's Name	mitted Person's Grievance, inclu		evance Officer's Signature			
(Att							
	Chi	ief Administrative Offic	er's Response				
Date Received: 12-3	5-18	I concur	☐ I do not concu	Remand			
Comments:							
		*					
	A						
Walter Chief Administrative	Officer's Singular	lu QW		12-3-18 Date			
Chief Administrative		mitted Person's Appea	l To The Director				
I am appealing the Chief Administr submitted within 30 days after the 62794-9277. (Attach a complete co	rative Off and offer	nder records his C grade did er	nd on icer's decision to the to the Administrative R	ne Director. I understand this appeal must be leview Board, P.O. Box 19277, Springfield, IL , and any pertinent documents.)			
De Andre Cu	auford	nature	M30080	12-23-18 Date			

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

3122

Date: 4-20-18	Offender: DEAW	tre Crowfi	org	10#: 4430080
Present Facility: Statev?		Facility where grievance issue occurred:	Statev	
NATURE OF GRIEVANCE:		13ade Goodifica.		1 3.0
☐ Personal Property☐ Staff Conduct☐ Transfer Denial by Facility	☐ Mail Handling ☐ ☐ Dietary ☐ ☐ Transfer Denial by Transfer	Restoration of Good Tim Medical Treatment ansfer Coordinator	FILIDAA	edity: CONDICHONS
☐ Disciplinary Report:	/ / / Date of Report		Facility where issued	200.000
	nials may be grieved immedial			
Complete: Attach a copy of any pertin Counselor, unless the issue invo Grievance Officer, only if the iss Chief Administrative Officer, o Administrative Review Board, administration of psychotropic dr Administrative Officer.	sue involves discipline at the p nly if EMERGENCY grievance only if the issue involves trans rugs, issues from another facili	resent facility or issue not resc AUG 2 3 2016 (et denial by the Transfer Coo by except personal property is GRIEVANCE DEPARTA BY:	rdinator, protective of sues, or issues not re	sustody/involuntary esolved by the Chief
for each person involved):				
cellmate was to	1 without 1		6	1,1
	didn't have			
SixIX Both MIX		d I have s		
IN B-house to	cet our hot			
	N 4-9, 4-10,			
	berate pudi			
	ver after c			
Sharp of My co	UMate and	I could ce	t a shou	ver because
Relief Requested: 10 have				
Transi Hedgesses: 1				
Check only if this is an EMERGEN	CY grievance due to a substar			
Crowford	ider's Signature	<u>M30</u>	080	4,26,18
Offen		reverse side If necessary)	RE(4,26,18 CEIVED
	Counselor's	Response (if applicable)	JA	AN 0 4 2019
Date Received: 5 / 7 / 8	Send directly to G	rievance Officer	Outside jurisdiction of Administrative Revie Springfield, IL 62794	
Response: PER THE C	HIEF ENGLY	EEP, THE	950E U	MITH HE
HOT WATER HA	S BEEN RE	SOLUED TE	200	WARY,
SHOWERS ARE	NOT GIVEN	AFTER YA	RD,	
				:
M. EELC Print Counselor's	: Name	METEL Counselor	s Signature	S 1 141 (8 Date of Response
:	EMERO	GENCY REVIEW		
Date Received://	Is this determined to	be of an emergency nature?	☐ No; an emerge	emergency grievance ency is not substantiated. ubmit this grievance ner.
Chie	of Administrative Officer's Signature			/ / / Date

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

we don't have not water. Sharp Said, "Absolutely Not", and again on 4-23, We've spoken to Sat. Bally on 4-14, 4-16 2/21, 22 4-23, We also spoke to the Lt. of B-house on 4-17, 4-23 and 4-24. We have yet to get our water fixed. Since MARP-9-18 while our hot water has been off
100 300 + nave no. coales, share so set Boilly on 4-14, 4-16
and again on 9-12, we ve morter to the It of B-house and
400 May 1 00 Me also spore to the set our water
4-17 4-23 and 4-24, we have yet to act on water
fixed. Since was 1-1-10 while our not waster has been on
luz have not been allowed to shower out the property
Scheduled days, Three times a work.
· · · · · · · · · · · · · · · · · · ·

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: Charles De Andre Mi M30080
Lest Name MI IU#
Facility:
Grievance: Facility Grievance # (if applicable)
The attached grievance or correspondence is being returned for the following reasons:
Additional information required:
Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
☐ Provide dates when incidents occurred.
Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277
Misdirected:
Contact your correctional counselor or Field Services regarding this issue.
Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
Contact the Record Office with your request or to provide additional information.
Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706
No further redress: Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
□ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
This office previously addressed this issue on
☐ No justification provided for additional consideration.
DUN COLLAND AND # 3/35 WW.
Other (specify): III (MMALLA) FVO H 31038 10100. ANSIMPLA. CONFACT HILL GRUNDLE STICLS
Completed by: Sarah Johnson Print Name Signature Signature
for the status.

Printed on Recycled Paper

DOC 0070 (Rev. 3/2018)

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

3/27

Date: Date:	M30080
1-2-18 (Please Print) DCANdre Crawtord	
Present Facility: State Villa Facility where grievance State Villa Issue occurred:	2
NATURE OF GRIEVANCE:	shilliu Accommodation
☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disa☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA	ability Accommodation
☐ Transfer Denial by Facility ☐ Transfer _ mial by Transfer Coordinator ☐ Other (spec	aly)
Disciplinary Report: / / Facility where issued	**************************************
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective cus	stody-status-notification:
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective cu administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved administrative Officer Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the native of the provide information including a description of what happened, when and where it happened, and the native of the provide information including a description of what happened, when and where it happened, and the native of the provide information including a description of what happened, when and where it happened, and the native of the provide information including a description of what happened, when and where it happened, and the native of the provide information including a description of what happened, when and where it happened, and the native of the provide information including a description of what happened is the provide information including a description of what happened is the provide information including a description of what happened is the provide information including a description of what happened is the provide information including a description of what happened is the provide information including a description of what happened is the provide information including a description of what happened is the provide information including a description of what happened is the provide information including a description of what happened is the provide information including a description of what happened is th	ATEVILLE C.C. ministrative Review Board. JUL 05 2018 ustody, involuntary solved by the ChileTME IT
for each person involved):	
I put in greivance #3635 two months ago about	
conditions of my cell 822 of B-House, We were	
hot water for a period of weeks. Itowever I	MANYE NOT
received a reply and it's been almost three	MONTHO
Since I've submitted the grievance.	
To the second se	a
JZ &	- FT
	· · · · · · · · · · · · · · · · · · ·
7018 CA7	- American Company
Relief Requested:	77
	Ö —
and the sections	the barm to call
Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious	
De Andree Crosseford M30020 7	7 , <u>2 , 18</u>
Offender's Signature (Continue on reverse side if necessary)	
Counselor's Response (if applicable)	
Date 7 (1)	Condia
Administrative Heview 5 Springfield, IL 62794-92	Board, P.O. Box 19277, 277
Response: GRIEVANCE #3635 WAS ANSWERED ON 8	
ONCE A PROPER RESPONSE WAS OBTAINED F	
CHIEF ENGINEER REGARDING THE HOT WAT	
CELL B-820,	
M. Ezer Messelor's Name Counselor's Signature	S 14 18 Date of Response
EMERGENCY REVIEW	
Date Received: / / Is this determined to be of an emergency nature? Yes; expedite eme	y is not substantiated. nt this grievance
Chief Administrative Officer's Signature	/ / / Date

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence Offender: Facility: Grievance:¡Facility Grievance # (if applicable) or Correspondence: Dated: Regarding: Received: The attached grievance or correspondence is being returned for the following reasons: Additional information required: Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable. Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely. Provide dates when incidents occurred. Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277 Misdirected: Contact your correctional counselor or Field Services regarding this issue. Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration. Contact the Record Office with your request or to provide additional information. Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board. Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A. Springfield, IL 62706 No further redress: Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further. Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further. Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further. Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further. This office previously addressed this issue on No justification provided for additional consideration. Other (specify):

Distribution:

Offender Inmate Issues Printed on Recycled Paper

DOC 0070 (Rev. 3/2018)

Proof of Service

I DEANdre Crawford do hereby swear to the following: On Feb. 23, 2018. I have placed grievance officer's report #1239 + 1386 dorted 1/8/18. In the Stateville Correctional Center Mail Service. To be malled to the Administrative Review Board.

Respectfully
De Andre Crawford M30020
P.O. Box 112
Toliet, IL. 60434

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B822

		(Grievance Office	er's Report		
Date Received:	12/27/ ⁻	17 Da	te of Review:	1/8/18	G	rievance #(optional): 1239+1386
Committed Person:	DeAndre	Crawford				1 D #: <u>М30080</u>
Nature of Griev			00/1-STA			
Nature of Griev	ance.	D/(20170070				
			, i			
month each c gra	ide, segr	egation, and con	nmissary deniai	. He wants t	ne discipiin	guilty and received one ry report expunged.
Grievance Office	r finds tl	nat according to t	he Adjustment	Committee :	Summary, g	ievant stated he did refuse
housing in an atte	empt to v	valk himself.				
0.55	c: 1 (1-	-4 DD was rould	wad and determ	nined by the	Adiustment	Committee that they are
		ff- adama auilt	イニバムソクりぐん モガガ	icer cannoi s	งบบรเสเนนเซเซ	Elle lifeldelle occurron arry
other way than re	eported.	DR upheld, disci	iplinary sanctio	ns and proce	edures impo	sed are within max capacity.
					•	
			r 11	l-lala informa	ation it is ro	commended that grievance be
Recommendation DENIED. Unable	on: Base to subs	ed upon a total re tantiate this incid	view of all avail ent occurred ar	ıapıe iniorina 1y other way	than report	commended that grievance be ed.
DENIED. GHADIC	10 0000	24711.400			•	
				o fro		
			1000X	0		
			1,000 7,	\	10 100	Miller
	Anna	McBee, CCII	.9 0	<u> </u>	J. J. (U.)	nde Officer's Signature
	Print Grie (At	vance Officer's Name tach a copy of Committe	d Person's Grievance,	including counse		•
		Chief	Administrative (Officer's Res	ponse	
	elict		A			- Domend
Date Received:	al Inii	- <u>K</u>	(C) I concur	<u> </u>	lo not concur	Remand
Comments:						
				·		
				ECEIV		
\circ		Q., a		FEB 28 20	118	Vila
NO Shipt A	Mdy.	Office's Signature	ADI ADI	MINISTR. VIEW BE	ATIVE	Date Date
Chief A	zumner(Give		ted Person's Ap	peal To The	Director	
				de-stand this an	noof must be su	builted within 30 days after the date of the
						builted within 30 days after the date of the 754-9277. (Attach a complete copy of the
Chief Administrative O original grievance, inclu	ding the co	unselor's response, if ap	рисавіе, апо ану реги	nent accaments.)		
011	71)			۰ ۸۸	30080	1/29/18
De And	re Co	Milled Person's Signalui	[e		ID#	Date



The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, Il	L 62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offender Name: Or awford, De and	N Date: 9/29/17
Register # M 300 & O	
Facility: Stateville	
a formal hearing. A review of the Grievance, Grievance Officer/C/ grievance that is direct review by the ARB, a review of the Grievan	nce has been conducted.
Your issue regarding: Grievance dated: 5 25/17G	rievance Number: 1788 Griev Loc:
O Transfer denied by the Facility or Transfer Coordinator	O Commissary
O Dietary	O Trust Fund
Personal Property MISSING UPON Sey	O Conditions (cell conditions, cleaning supplies)
O Mailroom/Publications Allas 5/250	O Disciplinary Report dated
O Assignment (job, cell) (fan, razor, food)	O Other
Based on a review of all available information, this office	e has determined your grievance to be:
O Affirmed, Warden is advised to provide a written response of corrective action to this office by	 Denied as the facility is following the procedures outlined in DR525.
O Denied, in accordance with DR504F, this is an administrative decision.	 Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
Denied, this office finds the issue was appropriately addressed by the facility Administration.	O Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
 Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments) 	O Denied as this office finds no violation of the offender's
O Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with	due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
transfer procedures and is an administrative decision.	, ,
other: Unable to Substa	antiate claim of missing
clems.	
Sarah Johnson	CONCURRED: John R. Baldwin Adding Disposer
Administrative Review Board	Acting Director
CC: Warden, Correctional Ce	

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

B818

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE Grievance Officer's Report Grievance#1788 Date of Review:8/04/17 Date Received:7/17/17 ID #: M30080 Committed Person: Deandre Crawford Nature of Grievance: Personal Property – Missing Local Facts Reviewed: Offender claims on a grievance dated 5/25/17 that upon being released from segregation on 5/25/17 he discovered that the following items were missing: 1 Massey fan, 1 Optimus razor, 1 pkg F connectors, 2 super deluxe cable cords, 1 nail clipper, 1 laundry bag, 15 embossed envelopes, 16 bars Level 10 soap, 12 bottles soda, 4 boxes PopTarts, 10 honey buns, 3 boxes KoolAid, 2 pkg shredded chicken breast, 2 10 pk jelly, 5 pkg jalapeno tuna, 2 Little Debbie fudge rounds, 3 honey turkey sticks, 8 honey pepper turkey sticks, 2 bags Maxima coffee Offender claims that he did not pack up his property prior to going to segregation. Offender requests the return of his property or to be reimbursed for same. Counselor Dennis responded "Sgt. Pork stated he does not recall. X House did not have an inventory and offender Crawford did not provide one. Crawford was in seg 4/25/17 - 5/25/17 housed in XLW04." Grievance Officer finds that no inventory sheets are available for review Recommendation: Based upon a total review of all available information it is the recommendation of this Grievance Officer that this offender's grievance be DENIED due to lack of substantiation of missing property. David Mansfield, CCII Print Grievance Officer's Name (Attach a copy of Committed Person's Grievance, including counselor's response if applicable) Chief Administrative Officer's Response Date Received: 8.4-17 Remand ☐ I do not concur Lconcur Comments: mmitted Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

		DFFENDER S GRIEVANCE		13818
Date: 5-25-17	Offender: (Please Print)	rawford Dei	Audro	10#:30080
Present Facility:	10	Facility where grieval issue occurred:	nce State 1	rille
NATURE OF GRIEVANCE:	*,	<i>y</i>	- VIA	, , , , , , , , , , , , , , , , , , , ,
Personal Property Staff Conduct Transfer Denial by Facility	Mail Handlir Dietary Transfer De	ng Restoration of Good Medical Treatment nial by Transfer Coordinator	☐ HIF	A Disabling Action AA STATEVILLE C.C. Der (specify) JUL 172017
☐ Disciplinary Report:	1 1	- AUG 1 6 2017		
	Date of Report enials may be orieved	d immediately via the local administ		GRIEVANCE DEPARTMENT BY: 1788
Complete: Attach a copy of any perting Counselor, unless the issue investment of the issue of the country of the coun	nent document (suc rolves discipline, is di sue involves disciplir only if EMERGENCY only if the issue invo	h as a Disciplinary Report, Shakedov eemed an emergency, or is subject to at the present facility or issue no	on Record, etc.) and to direct review by the resolved by Couns or Coordinator, protect	send to: the Administrative Review Board. telor.
Summary of Grievance (Provide Inform	ation including a desc	ription of what happened, when and	where it happened, as	nd the name or identifying information
I was discharge				5 6-117
Good receiving		()		Masser fan
was missing from was missing. Aft other items med to pack to seg. My three receipts and con	issing for my out head op	perty. Sgt. for g through my or open my property be timum razor	k Noted property erty. I efore he is missi	that my fan I fra foand was not ing walked na I have
All my food wa	5 LaV			
			a few i	cosmetice
Relief Requested: I would	d like n	vh broberth is	eturned	or reimburste
for my lost item	12.			
Check only if this is an EMERGENC	Y grievance due to a			arious or irreparable harm to self.
Offende	er's Signature	linue on reverse side if necessary)	10080	Dale
ate eceived: 5 /30 /()	Send direc	elor's Response (if applicable) Ily to Grievance Officer	Outside jurisdiction	n of this facility. Send to view Board, P.O. Box 19277, 794-9277
esponse: Day Fock s	tated he	does notrica	ee. Lu	rouse and not
and not provi	de due	Crawford	Wos in	yord seg 4/25/,7-
165/11 Now	red in y	ew ou		0
Deumi S Print Counselor's Nat	me /	Counselo	or's Signature	7 //5 / 7 Date of Response
	EN	MERGENCY REVIEW		
le				8
ceived:/_/	Is this determin	ned to be of an emergency nature?		emergency grievance
			No; an emerg Offender should s in the normal mar	ency is not substantiated. Submit this grievance Trier.
Chief Adr	ministrative Officer's Sig	nature		/ / Date
hulian Muster File; Offen-ler			ARR (Crawford 000026

Stateville Correctional Center Inmate Commissary Fund

Date: 4/7/2017

Time:

Ticket: Batich:

853757

Thumb Print:

MYONGO OF SATOLET DESTREE	M30080	Crawford.	Deandre
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		The state of the s
2	Clear Security Flex Pen	. 48
1	Cable Co-Ax 6 Ft. FFE-6	2.19
2	*Pickle Kasher, Hot & Di	1.50
4	Hawaiian Punch/Wyler's.	4.96
1	Toothpaste, Colgate Gel	2.19
2	*Tuna, Light 7.1 oz	5.42
4	Level 10 Scap Fresh,Co	3.00
1	Deodorant Speed Stick (3.24
10	Individual Honey Buns	6.70
2	^Assorted Chips	2.48
1	Com Chips, B8Q 12az	1.69
2	*Grandia Bars Assortme	4.76
2	Poptarts	2.94
10	Embossed Envelopes	5.80
	And the second s	

(Signature)

Illinois Department of Corrections

Total Due:

Stateville Correctional Center Inmate Commissary Fund

Date: 2/6/2017

Time:

Ticket: 847579 Batch: 0377226

Thumb Print:



Crawford, Deandre

12	Water (16.9oz)	3.72
3	^Nacho Cheese Chips 1	5.15
1	KAR'S Salted Persus	1.49
7	Maxima C Gelumb	2.36
4	Level 10 Jeap Fresh,Co	3.00
2	Individual Honey Buns	1:34
	기계 계약 이번 회사 경험생활을 가는 사람들이 살아가는 열심을 받아 있다. 그 사람들이 보험하는 사람들이 되었다.	The state of the s

Total Due:

17.07

Illinois Department of Corrections

Stateville Correctional Center Inmate Commissary Fund

Date: 4/21/2017

Time: 10:19am

Ticket: 855596

Batch:

1117229

Thumb Print:

M	90080 Crawford, Deandre	
5	RC,Pepsl,Diet,Sunkist,B	4.95
1	Coffee, Maxima Brand C	2.44
1	Deadarant Speed Stick (3.03
1	Tacthpaste, Colgate Gel	2.19
2	Old Fashion Hard Candy	2.88
1	Clippers, Nail	. 38
1	Individual Snack Cakes	.67
2	Clear Security Flex Pan	.48
2	Jelly, Grape/Stawberry 1	4.26
1	^Assorted Chips	1.27
1	CACTUS ANNIE'S Party	1.72
4	.Scap, Next1 Sport/Moist	2,78
-	<u> </u>	

(Signature)

27.03

Illimois Department of Corrections

Total Due:

Stateville Correctional Center Inmate Commissary Fund

Date: 3/22/2017,

Time: 02:18pm

Ticket: 852351

Batch: 0817279

Thumb Print:

МЗ	10080 Crawford Deandro	е
2	Little Debbie Fudge Rou	3.22
8	Honey Pepper Turkey &	8.48
8	Butterball Honey Turkey	5.20
2	Poptarts	2.96
1	White Legal Pad	.78
1	Laundry Bag 24x36	4.38
1	^Assarted Chips	1.28
5	Com Chips, BBQ 1202	8.45
2	Coffee, Maxima Brand C	4.88
4	Level 10 Soap Fresh,Co	3.00
4	Hawailan Punch/Wyler's	4.96
1	Connector, 2 PK "F" Cau	3.31
2	Cable SUPER DELUXE	15.00
2_	Shredded Chicken Cami	7.98
4	*Tuna, Light 7.1 oz	10.84
5	Tuna With Jalepencs	5.30
4	Sausage, Hot, Reg & Turk	7.52
12	RC,Pepsi,Diet,Sunkist,B	11.88
10	Embassed Envelopes	5,60
2	#10 BLANK Envelopes 1	.56

Total Due:

117.98

2.40

(Signature)

Assorted Candy 2.75 to

Illinois Department of Corrections





ILLINOIS DEPARTMENT OF CORRECTIONS PERSONAL PROEPRTY CONTRACT STATEVILLE CORRECTIONAL CENTER

NAME: Cawford CRAWFORD	REGISTER NUMBER: M30080
DATE ISSUED: 1/17/15	ISSUING STAFF:
ITEM/DESCRIPTION (BRAND, MODEL#)	SERIAL # DESCRIPTION
ZASAKASIM MISAKASIKK	
DECENSIONS	*/*/
XXXXXX	,
XXXXXXXXXXXX	
RAZOR OPTIMUS CLEAR	3-HEAD SHAVER
MOOKAKAEXK	
FXACX	
KKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK	TECHNIC CONTRACTOR
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADA AUG I S 2012
XXXXXXXX	REVIEW TO
	BOARD
AUDIO-VISUAL ITEMS MUST BE U	JSED WITH EARPLUGS OR HEADPHONES
Stateville Correctional Center Institutional policies of identified on this form. SHOULD THIS ITEM(S) BE	te to observe and follow all Illinois Department of Corrections rules and concerning the use, ownership, possession and transfer of the item(s) LOANED, SOLD, TRADED OR GIVEN TO ANOTHER INMATE, THE AS CONTRABAND AND DISPOSED OF IN ACCORDANCE WITH AD BAND.
THIS FACILITY, I SHALL TAKE THIS ITEM WITH	S ITEM WILL BE MADE AT MY EXPENSE. UPON MY RELEASE FROM ME, OR EXERCISE THE OPTION OF HAVING THE ITEM(S) MAILED OR DESTROYED IN ACCORDANCE WITH AD 05.01.112 –
INMATE'S NAME: Con Dord D	A Dec REGISTER NUMBER: M 30086

ARB - Crawford 000029

DISTRIBUTION: ORIGINAL - INMATE PROPERTY FILES COPY - INMATE

ILLINOIS DEPARTMENT OF CORRECTIONS PERSONAL PROEPRTY CONTRACT STATEVILLE CORRECTIONAL CENTER

NAME: Grawford	REGISTER	R NUMBER: M30080	
DATE ISSUED: 12/27/14	SSUING S	TAFF:	radius 1775 gi quadure se stre
	· Me		
ITEM/DESCRIPTION (BRAND, MODEL#)	SERIAL#	DESCRIPTION	
MEXIXEX			Throng that
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RAXXX		,	and the
MXKKKKKK			
RAZOR	and the state of the		
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FAN MASSEY	NONE	CLEAR	D
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		AUG 1 6 2017	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ADMINISTRA REVIEW BOX	TIVE
XIEWEIXEX	- 1 - 4	and the same	

AUDIO-VISUAL ITEMS MUST BE USED WITH EARPLUGS OR HEADPHONES

I understand by voluntary signing this permit, I agree to observe and follow all Illinois Department of Corrections rules and Stateville Correctional Center Institutional policies concerning the use, ownership, possession and transfer of the item(s) identified on this form. SHOULD THIS ITEM(S) BE LOANED, SOLD, TRADED OR GIVEN TO ANOTHER INMATE, THE ITEM(S) WILL BE CONFISCATED, CLASSIFIED AS CONTRABAND AND DISPOSED OF IN ACCORDANCE WITH AD 05.01.112 – STORAGE/DISPOSAL OF CONTRABAND.

I AGREE THAT ANY AND ALL REPAIRS TO THIS ITEM WILL BE MADE AT MY EXPENSE. UPON MY RELEASE FROM THIS FACILITY, I SHALL TAKE THIS ITEM WITH ME, OR EXERCISE THE OPTION OF HAVING THE ITEM(S) MAILED TO A VALID ADDRESS AT MY OWN EXPENSE, OR DESTROYED IN ACCORDANCE WITH AD 05.01.112 – STORAGE/DISPOSAL OF CONTRABAND.

INMATE'S NAME: A REGISTER NUMBER: M 3

STA 0067 (REVISED: 11/1/07)

Hard or	Proof of Dervice
	I DeAndre Crawford do swear under the
	1. I A THE TOLLOW TOLLOW
	Center's mail, grievance dated 5/25/17 StA#
	Centers many grever's report dated 7/17/17
	1788, grievance officer's report dated 7/17/17
	# 1788, Optimus Razor Contract, Massey Fan
	contract, Commissary receipts trekets, 85596,
	853757, 852351, 847579. To be mail to the
	Administrative Review Board.
	Respectfully De Andre Crawford #30080
	De Andre Crawford M30800
	De Andre Crawford
	P.O. Box 112
	Joliet, IL. 60434
	Subscribed and sworn to before me
	1), th 1, 1, 1 2017
	this 10th day August, 2017
	Dleyen Balen
	Bugue Paris
	Motary republic
	OFFICIAL SEAL PHYLLIS BAKER ADMINIS 6 2017
	Notary Public - State of Illinois My Commission Expires 4/30/2019
	OFFICIAL SEAL PHYLLIS BAKER Notary Public - State of Illinois My Commission Expires 4/30/2019
,	



The Illinois Department of Corrections

1:	301 Concordia Court, P.O. Box 19277 • Springfield,	IL 6	32794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offen	der Name: Crawford, Deandr	e	Date: 8/25//7
Regis	ter# <u>M 30080</u>		
	Sta 10 1/10.		
Facilit		7	This office has determined the issue will be addressed without
a form	nal hearing. A review of the Grievance. Grievance Officer/C	CAC	response to the grievance has been conducted. For a
grieva	ince that is direct review by the ARB, a review of the Grieva	ance	has been conducted.
	Your issue regarding: Grievance dated: 41917	Grie	vance Number: 1515 Griev Loc: 7 WICVIIIK
0	Transfer denied by the Facility or Transfer Coordinator		O Commissary
0	Dietary		O Trust Fund
0	Personal Property		O Conditions (cell conditions, cleaning supplies)
0	Mailroom/Publications		O Disciplinary Report dated
X	Assignment (job, cell) Pired Xum Map		Incident #
1	CANOP		O Other
	Based on a review of all available information, this office	ce h	as determined your grievance to be:
0	Affirmed, Warden is advised to provide a written response of corrective action to this office by	0	Denied as the facility is following the procedures outlined in DR525.
0	Denied, in accordance with DR504F, this is an administrative decision.	0	Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
×	Denied, this office finds the issue was appropriately addressed by the facility Administration.	0	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
0	Denied in accordance with AD05.03.103A (Monetary	0	Denied as this office finds no violation of the offender's
_	Compensation for Inmate Assignments)	0	due process in accordance with DR504.80 and
0	Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with		DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
	transfer procedures and is an administrative decision.		
	Other:		
	XAIAL Shung		To a a. M.
FOF	R THE BOARD: Sarah Johnson	CO	NCURRED: John R. Baldwin
	Administrative Review Board		Acting Director
CC:	Warden, Correctional Correction		er M 30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

RESPONSE TO COMMITTED PERSON'S GRIEVANCE

XLWOY B818

Grievance Officer's Report Grievance#1375 Date of Review: 5/22/17 Date Received:5/19/17 RECEIVED ID #: M30080 Committed Person: Deandre Crawford Nature of Grievance: Program/Assignments - Job JUN 2 1 2017 ADMINISTRATIVE REVIEW BOARD Facts Reviewed: On a grievance dated 4/19/17 offender claims that he was fired from his job assignment in the Soap Shop without cause. Offender claims that he was told by the Illinois Correctional Industries Supervisor that he was fired because he had left early on 4/18/17 and no one knew where he was. Offender claims that he explained to the supervisor that he attends the Further Learning class on Tuesdays and also had to get his medication. Offender claims that he told C/O Love that he had class. Offender claims that when he was going to lunch he asked C/O Baker, who was assigned to the Movement Team, if he could escort him to the Health Care Unit in order to get his medication and C/O Baker did so. Offender claims that upon leaving the Health Care Unit he was escorted back to the Dining Room. Offender claims that he asked Lt. Brown about getting an escort to his class and was told there was no escort officer available at that time and he was told to go back to the cell house. Offender claims that he went to the cell house and was told by the cell house Lt. that he could be taken to class after a tour group left the Unit. Offender claims that it was then too late to attend his class, staff knew where he was located and that he did not break any rules which would justify getting fired. Counselor Dennis responded "Crawford M30080 was fired from Industries because of a letter written by the T.A. Superintendent D. Patten. A vote sheet was completed and approved by the Warden." Grievance Officer finds that the issue was correctly addressed by the counselor. Per Institutional Directive 05.03.001K3 Offender Job Assignments, "Removal or reassignment shall be based upon matters including but not limited to, the offender's inability or incompetence in performing or completing the assignment, disciplinary reasons, the offender's request for an assignment change, staff recommendation, and security or administrative reasons." Recommendation: Based upon a total review of all available information it is the recommendation of this Grievance Office that this offender's grievance be considered DENIED due to staff following proper procedure in regard to termination of offender's job assignment. David Mansfield, CCII Grievance Officer's Signature Print Grievance Officer's Name (Attach a copy of Committed Person's Grievance, including counselor's response if applicable) Chief Administrative Officer's Response Remand │☑ I concur ☐ I do not concur Date Received: Comments: Chief Administrative Office er's Signature Committed Person's Appeal To The Director am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

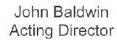
ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

X LW04:01

7-1-1-17	Offender:	1 1) 1	ID#:
Present Facility:	(Please Print)	Facility where grievan	rord	M30080
Stateville	,	Issue occurred:	Statevell	e
NATURE OF GRIEVANCE:	_			
☐ Personal Property ☐ Staff Conduct	☐ Mail Handling ☐ Dietary	☐ FREEDRICH Scool		sability Accommodation
☐ Transfer Denial by Facility		Transfer Coordinator	☐ HIPAA	early: 0,551anment
☐ Disciplinary Report:	, ,	MAY 192017	-2-1	RE
	Date of Report	BRIEVANCE, DEPARTME	NT Facility where issued	CEM
		dikiely via the local administ		(1) ()
Complete: Attach a copy of any perti- Counselor, unless the issue inv Grievance Officer, only if the is Chief Administrative Officer, of Administrative Review Board, administration of psychotropic of Administrative Officer.	colves discipline, is deemed sue involves discipline at the only if EMERGENCY grievan only if the issue involves tra	an emergency, or is subject e present facility or issue no nce.	to direct review by the Act resolved by Counselor.	Iministrative Review Board.
Summary of Grievance (Provide inform for each person involved):	ation including a description	of what happened, when and s	where it happened, and the	name or identifying information
Loday & Il was	2 Direct Pro	m my gol in	w the soas	shop with -
out cause or du		was told		1,00000
^ // · /	sas fired &		1 Ch 1	1
A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 0	1 1	1/2 2	ly on 4-18-17
that as 1 1	2 /	- 11 0	aplained 1	o slave
to an oursary	1 1	Further Leo	uning cla	s and had
H BO DO DO	y meds, el	explained to	thort il tal	& Clos, Love
not it kad class	L. Also frie	on to this a	lay 21 tol	& Ms. Judy
about this class	s and sen	rice on 5,	ridays w	Rich el
would kave to !	enve early	Doro Houser	1	Date na
elief Requested: Lost w	ages	/ , , , , , , , , , , , , , , , , , , ,	AWW.	Market State of the State of th
	0		· · · · · · · · · · · · · · · · · · ·	
Check only if this is an EMERGENC	Y grievance due to a substa	untial risk of imminost	al initial	
01100	A Subsid	mainsk of imminent person	al injury or other serious	or irreparable harm to self.
De Andre Compo	r's Signature			1,19,17
		reverse side if necessary)	ID#	Date
	Counselor's			The state of the s
te 4 , 77 , 17		Response (if applicable)	
ceived: 4 / 2 / 1 /	Send directly to Gr	Response (If applicable	Outside jurisdiction of thi	s facility. Send to
sponse: Grankork	Send directly to Gr	Response (If applicable		pard P O Boy 10277
ceived: 4 / 2 / 1 /	Send directly to Gr	Response (If applicable	Outside jurisdiction of the Administrative Review B	pard P O Boy 10277
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sponse: Granford 1 ca letter wintlen. Lest was complete. - Day complete.	Send directly to Gr M30080 2 a ly the TAS Dord cipped	Response (if applicable revance Officer	Outside jurisdiction of the Administrative Review B	pard P O Boy 10277
sponse: Geranford 1 ca letter mintlen leet was complete Print Counselor's Name	Send directly to Gr 130080 2 a ley Alu TA S Direct cepper	Response (if applicable revance Officer	Outside jurisdiction of the Administrative Review B Springfield, IL 62794-92 M Dave Par Deduction of the Administrative Review B Dave Par Deduction Par Ded	pard P O Boy 10277
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sponse: Granford 1 cu letter mutter Leet was complete Print Counselor's Name elived: 1	Send directly to Gr 130080 Da ley Ale TA S Directly to Gr	Response (if applicable rievance Officer Les fund from ruperindenda rul lig ite (Counselor ENCY REVIEW	Outside jurisdiction of thi Administrative Review B Springfield, IL 62794-92 What Dove Por What Dov	Billing Date of Response

OFFENDER'S GRIEVANCE (Continued)

NOONE claim to haven known where it was or where it
was going. While going to chow it asked C/O Boxer who
was doing movement if he would take me to get my psy mids
C/o Baker took me to HCV where el gat my mids from nuise
Lida (The taller one). C/O Baker Then took me lack to the chow
Rall. After eating of spoke to It. Brown about getting a ride
to my class the talk me that she didn't have an iscort
officer to take me. The tall me that I could go back to
my cell house and see if it could get the movement officer
to take me to class. When I got to my cellhouse it was
told by the It. that a tour was about to come in
and that they wouldn't be able to take me until after
the town After the tour was over wonden Plister come in
Aloh Alter this el let it was to late to go to classe
However several people staff and immater were made aware
that of do have class on It duesdays, And at no time
prior to this have il wer left without anylody knowing.
a did not break any rules or lows that would declare
el le fired. Since et am/was employeed by ICI tobres and
el de féred. Since el am/was employeed by ICI this and not stateville this constitutes wrongful termination.
<u> </u>





The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield	d, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offender Name: Crawford, De andr	Date:
Register# M30080	
Facility: Stateville)
This is in response to your grievance received on a formal hearing. A review of the Grievance, Grievance Officer, grievance that is direct review by the ARB, a review of the Grievance of the Gr	vance has been conducted.
Your issue regarding: Grievance dated: 3/16/17	Grievance Number: 1195 Griev Loc: 5700
O Transfer denied by the Facility or Transfer Coordinator	O Commissary
O Dietary	Trust Fund Medical Co-pay 1/26;
O Personal Property	Conditions (cell conditions, cleaning supplies)
O Mailroom/Publications	O Disciplinary Report dated Incident #
O Assignment (job, cell)	O Other
Based on a review of all available information, this off	ffice has determined your grievance to be:
O Affirmed, Warden is advised to provide a written response of corrective action to this office by	 Denied as the facility is following the procedures outlined in DR525.
 Denied, in accordance with DR504F, this is an administrative decision. 	 Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
Denied, this office finds the issue was appropriately addressed by the facility Administration.	 Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
 Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments) 	O Denied as this office finds no violation of the offender's
O Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with transfer procedures and is an administrative decision.	due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
Other:	
FOR THE BOARD: Man Sarah Johnson	CONCURRED: John R. Baldwin John R. Baldwin
Administrative Review Board CC: Warden, State III Correctional Register N	

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

	Grievance Officer's Report	
Date Received:4/26/17	Date of Review: 4/26/17	Grievance#1195
Committed Person: DeAndre	Crawford	ID #: M30080
Nature of Grievance: Other -	Salara Estados	
		and prostate since 2013 and
experiences pain in his abdor	ice dated 3/16/17 offender claims that he has had an enlar nen. Offender claims that since this is an ongoing issue h are appointments on 1/26/17 and 2/21/17.	ne should not have been charged
Counselor Butler-Winters res visit require a \$5 co-pay per A	ponded "Per medical staff anything outside of a chronic c a.D."	linic appointment or emergency room
Grievance Officer finds that the	ne issue was correctly addressed by the counselor.	RECEIVED
		MAY 1 5 2017
		ADMINISTRATIVE REVIEW BOARD
Recommendation: Based upon offender's grievance be DENIE	on a total review of all available information it is the recommend D due to medical co-pays being charged correctly.	dation of this Grievance Office that this
David Mansfield, CCII Print Griev. (Atta		Munfield, CCII Grievance Officer's Signature nse if applicable)
	Chief Administrative Officer's Response	
Date Received: 4-3	27-17 ☐ I concur ☐ I do not conc	cur Remand
	1-11-	4-2777
Chief Administrative (Committed Person's Appeal To The Director	, Dais
Chief Administrative Officer's decisi	ntive Officer's decision to the Director. I understand this appeal must be on to the Administrative Review Board, P.O. Box 19277, Springfield, Il selor's response, if applicable, and any pertinent documents.)	be submitted within 30 days after the date of the
De Andre Com	mitted Person's Signature M30080	5/11/17 Date

		DEPARTMENT OF CORRECTIONS NDER'S GRIEVANCE	3
Date: 3-16-17	Offender: (Please Print) DCAN	idre Crawford	1D#: M30680
Present Facility: Storte VI	No	Facility where grievance S	torteville
NATURE OF GRIEVANCE: Personal Property Staff Conduct Transfer Denial by Facility	☐ Mail Handling ☐ Dietary	Restoration of Good Time Medical Treatment Transfer Coordinator	RECEIVED STATEVILLE C.C. ADA Disability Accommodation HIPAA APR 2 6 2017 Other (Specify) GRIEVANCE DEPARTMENT
Disciplinary Report:	Date of Report	Fac	CHIE ANGE OFFICE
Complete: Attach a copy of any pert Counselor, unless the issue in Grievance Officer, only if the is Chief Administrative Officer, Administrative Review Board	inent document (auch as a volves discipline, is deemed ssue involves discipline at the only if EMERGENCY grieva , only if the issue involves tr	Disciplinary Report, Shakedown Record I an emergency, or is subject to direct ne present facility or issue not resolve ince. ansfer denial by the Transfer Coordin	t review by the Administrative Review Board.
Summary of Grievance (Provide Information for each person Involved):	nation including a description	of what happened, when and where it i	happened, and the name or identifying information
I have had as	u enlarged	prostate since	c 2013. I am
	1)	1	to Nove treatment
w. C.		raw ford V. Dav	
pain in My abdor			
		been charged	
			without any treat
		F the Co-pay	
I was charge	d the co-pa	y and again on	1 2/21/17 for the
Same 1554e.		[
Reliel Requested: I would	1 like my	plo refunded	
Check only if this is an EMERGEN	CY grievance due to a subs	tantial risk of imminent personal injury	y or other serious or irreparable harm to self.
De Andre Craufe		M30680 ID# on reverse side if necessary)	3/16/17 Data
	Counselor	's Response (if applicable)	
Response: Res mealice Clinic appointme Co-pay per	Send directly to	Admir Spring	de junsdiction of this facility. Send to nistrative Review Board, P.O. Box 19277, gfield, IL 62794-9277 whiche of a Chronic) with require a \$5
T. Sutter \ Print Counselor's	linters Name	J. Butur - V Counselor's Signa	Date of Response
-	EMER	GENCY REVIEW	
ale	R	ECEIVED	
eceived:/ /	AI	MAI 15 2011 UN	es; expedite emergency grievance to; an emergency is not substantiated. nder should submit this grievance e normal manner.

Chief Administrative Officer's Signature

Dien bonnes Mareter Edition to

ARB - Crawford 000038



The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 6	62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offender Name: Crawford, De andre Register#	Date:
C+2 40 110	
Facility: 3/00/1/10	
This is in response to your grievance received on a formal hearing. A review of the Grievance, Grievance Officer/CAO grievance that is direct review by the ARB, a review of the Grievance	response to the grievance has been conducted. For a
Your issue regarding: Grievance dated: 3/13/17 Grie	evance Number: 1015 Griev Loc: 5/6
O Transfer denied by the Facility or Transfer Coordinator	O Commissary
O Dietary	O Trust Fund
Personal Property MISSING after Tact team	O Conditions (cell conditions, cleaning supplies)
O Mailroom/Publications <u>Analkedown</u> of Locker O Assignment (job, cell) <u>in Industry</u>	O Disciplinary Report dated
O Assignment (job, cell)	O Other
Based on a review of all available information, this office h	as determined your grievance to be:
O Affirmed, Warden is advised to provide a written response of corrective action to this office by	Denied as the facility is following the procedures outlined in DR525.
O Denied, in accordance with DR504F, this is an administrative decision.	Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
Denied, this office finds the issue was appropriately addressed by the facility Administration.	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
O Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	Denied as this office finds no violation of the offender's
O Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with transfer procedures and is an administrative decision.	due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
Other: Unable to substante	rided. I knis due to
Qual by	NCURRED: John R. Baldwin Acting Director
CC: Warden, Storman Correctional Center (Correctional Center), Register No.	er <u>M3</u> 0080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

	Grievance Officer'	s Report	
Date Received:4/12/17	Date of Review: 4/13/17	7	Grievance#1073
Committed Person: DeAndre	Crawford		ID #: M30080
Nature of Grievance: Person	al Property – Confiscated		
			- 1, 1
	•		
Industries Soap Shop on 3/13	nce dated 3/13/17offender claims that h 6/17. Offender claims that the TACT Tea ated: trial transcripts, other legal work owel, 1 Speed Stick deodorant, 1 cocoa	am conducted a shak 1 sweat shirt, 1 pair	sweat pants, 1 pair Court Line Cross
Counselor Butler-Winters res	ponded "Per Personal Property no iten	ns were brought to th	eir office."
approximately 1/12/17 throug	he offender's grievance is timely since h 3/13/17. Offender does not provide a firms that a shakedown of the Correcti ither Personal Property or Internal Affa	ny evidence to indica onal Industries buildi	ng was conducted by the TACT Team
Recommendation: Based upon offender's grievance be DENIE	on a total review of all available informatio D due to lack of substantiation that offend	n it is the recommenda er's property was confi	tion of this Grievance Office that this scated.
		,	
David Mansfield, CCII		Janiel	Marfield, CCII
Print Griev	ance Officer's Name ach a copy of Committed Person's Grievance, inc		evance Officer's Signature e if applicable)
	Chief Administrative Offi	cer's Response	
Date Received: 4-19	-17 X I concur	☐ I do not concu	r Remand
		RECI	ENVED
			1 5 2017
			STRATIVE
The state of the s	L. 1/2	REVIE	W BOANS 4-14-17
Chief Administrative	Officer's Sociature Committed Person's Appe	al To The Director	Date
Objet Administration Officer's decis	ative Officer's decision to the Director. I undersion to the Administrative Review Board, P.O. Besslor's response, if applicable, and any pertinent	lox 19211, Springileiu, IL	submitted within 30 days after the date of the 62794-9277. (Attach a complete copy of the
De Andre Cra	uford mixted Person's Signature	M30080	5/11/17 Date

B-227

ARB - Crawford 000041

Date: 3-13-17	Offender: (Please Print) DEANO	re Crawford		ID#: M30080
Present Facility: Statevi			atevi	lie
NATURE OF GRIEVANCE:				
Personal Property Staff Conduct Transfer Denial by Facility	Mail Handling Dietary Transfer Denial by Tr	Restoration of Good Time Medical Treatment ansfer Coordinator	☐ HIPAA	Ability: Appanmodation
☐ Disciplinary Report:	/ / / Date of Report	Facili	ly where issued	1073
Note: Protective Custody De	enials may be grieved immedia	tely via the local administration on I	STA#_ he protective cu	. —
Grievance Officer, only if the is Chief Administrative Officer, o Administrative Review Board,	rolves discipline, is deemed an sue involves discipline at the p only if EMERGENCY grievance only if the issue involves trans	emergency, or is subject to direct r resent facility or issue not resolved	eview by the Ad by Counselor. tor, protective c	Iministrative Review Board. ustody, involuntary
Summary of Grievance (Provide inform for each person involved):	nation including a description of	what happened, when and where it ha	ppened, and the	name or identifying information
Today we retu	rued to our	assignmen-	+ in 7	the 5090
Shop (industry)	51NCC 1-12-17	. During this	time o	stange:
crush shook do	un the cell	hours of Sta-	teville	· Personal
		fully taken -		
1		after Orano	,	
down the cell ho	use and ret	urned our per	sonal	property
		v all the place	-	Job
0155 GNMENTS in	ucluding the	e Whop Soap Sho.	p (indu	15try).
		Drange Crysh	•	, ,
Relief Requested:		<u> </u>		
Check only if this is an EMERGEN			or other serious	s or irreparable harm to self.
De Andre Cirufe	ord	M30030		3 / 13 / 17
Offend	(Continue on re	ID.# everse side if necessary)		Date
	Counselor's F	lesponse (if applicable)		
Date Received: 4,4,17	1			
	Send directly to Grid	Adminis	Irative Review	his facility. Send to Board, P.O. Box 19277,
Response: Ker Derwon	a Propertis	y no items	eld, IL 62794-9	grought to
their office.	A W/ Acosta	I marailable	las.	100 Liens 0
	1		0	V
		ž.		
T.Butler-W Print Counselor's N	inters	J. Butur - Will Counselor's Signal	ure	7 / 4 / 17 Date of Response
	EMERGE	NCY REVIEW	-	
Date	RE	CEAVED		
Received:/ / /		MAY 1 5 201/ No	; an emergency der should subm	ergency grievance y is not substantiated. nit this grievance
		MINICIRATIVE in the VIEW BOARD	normal manner.	
Chief A	dministrative Officer's Signature			

Dine 1

OFFENDER'S GRIEVANCE (Continued)

all our personal property that was in our lockers. All
of my trial transcripts and other legal work was 9 n my
lacker along with one sweat shirt, one sweat pants,
one pair of Court Line Cross Trainers, One bath towel
one speed stick deorderant, one coco-butter lotion and
one pair of shower shoes, and one laundry bag. These
items were taken for my locker and was not returned
after the shake down. I spoke to Warden Acosto
about it and 3-21-17 but be with by
back yet
SACK YCF
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The Illinois Department of Corrections

1	301 Concordia Court, P.O. Box 19277 • Springfield,	IL 6	2794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offer	nder Name: Crawford, De Andre	2	Date: 4317
Regis	ster# M 30080		
Facili	iv: Stateville	_	
a fori	mal hearing. A review of the Grievance, Grievance Officer/ ance that is direct review by the ARB, a review of the Griev	CAO	has been conducted.
	Your issue regarding: Grievance dated:	Grie	
0	Transfer denied by the Facility or Transfer Coordinator		© Commissary Claims over Charged
0	Dietary		O Trust Fund
0	Personal Property		O Conditions (cell conditions, cleaning supplies)
0	Mailroom/Publications		O Disciplinary Report dated
0	Assignment (job, cell)		Incident #
0	Based on a review of all available information, this office. Affirmed, Warden is advised to provide a		
	written response of corrective action to this office by		outlined in DR525.
0	Denied, in accordance with DR504F, this is an administrative decision.	0	Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
À	Denied, this office finds the issue was appropriately addressed by the facility Administration.	0	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
0	Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	0	Denied as this office finds no violation of the offender's
0	Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with transfer procedures and is an administrative decision.		due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
	Other: Offender sailed to possibstantiate his	No	vide documentation to
FO	R THE BOARD: Sarah Johnson Administrative Review Board	СО	NCURRED: John R. Baldwin Acting Director
CC	Stadow 110		er > 00 Cm

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

	Grievance Office	er's Report	
Date Received:1/12/	Date of Review:	9/5/16	Grievance # (optional): 197
Committed Person: DeAndr	e Crawford		ID#: M30080
Nature of Grievance: Comm	issary Issues		
Facts Reviewed: Grievant cl purchase 12 and that he wa	aims on a grievance written 1/1/16 tha s charged for 24 noodles that he did n	it he was overcharged fo ot receive. He wants his	or 24 pops, but you can only items or reimbursed for same.
Grievance Officer finds that	fails to provide any proof to substant	iate his claim.	
			RECEIVED SEP 20 2016 DIMINISTRATIVE EVIEW BOARD
			SEP 20
		A. R.	DMM/VIST 2016
			VIEWBOATIVE
			MRD
	Utanan danied		
Recommendation:	rievance denied.		
		^	
		Mana	MAMA
Anna McBee, CCII			evance Officer's Signature
Print Gr (.	ievance Officer's Name Attach a copy of Committed Person's Grievance,		
	Chief Administrative C	Officer's Response	
Date Received:	1/6 LI concur	☐ I do not concu	ur Remand
Comments:	<i>///</i>		2
		,	
	1	_	7/7/16
Chief Administrati	ve Officer's Signature		Date
	Committed Person's Ap		
Object Administrative Officer's de	strative Officer's decision to the Director. I un cision to the Administrative Review Board, P.G ounselor's response, if applicable, and any perti	J. BUX 13211, Opinigheia, 12	e submitted within 30 days after the date of the 62794-9277. (Attach a complete copy of the
	0. 0	M30080	0/14/11
De Andre	Committed Person's Signature	ID#	Date

Distribution: Master File; Committed Person

B408

Date:	Offender:	re Crawford	M30080
1-1-16	(Please Print) DCANO	Facility where grievance	stateville
Present raciny: Stortev	1112	lasue occurred:	BIUTEVING
Complete: Attach a copy of any perti- Counselor, unless the Issue in- Grievance Officer, only if the is Chief Administrative Officer, Administrative Review Board administration of psychotropic of Administrative Officer	inent document (such as a Dis volves discipline, is deemed ar ssue involves discipline at the p only if EMERGENCY grievance I, only if the issue involves tran- drugs, issues from another lact mation including a description of	Restoration of Good Time Medical Treatment ransfer Spordinator 2016 Finally via the local administration of the control of	ADA Disability Accommodation HIPAA Other (specify): FIENANCHORFICENC JAN 192016 acting where issued JAN 192016 on the protective custody status notification. STA# Location of the Administrative Review Board. Wed by Counselor. It happened, and the name or identifying information Dec. 182015, B~ SACRY ON DEC 152015, Location of Dec. 172015.
12 pops leut u	on agre m	y copy of th	e receipt to
one of the Co	ommissary.	Supervisors.	I waited to get
Relief Requested:			
Check only if this is an EMERGA	ENCY grievance due to a subsi	tantial risk of imminent personal	injury or other serious or irreparable harm to solf.
Of	fender's Signature (Continue	on reverse side if necessary)	iDs Dais
		s Response (il applicable)	7
Response: Decen commissary. At this time.		Grievance Officer 🔲 G	Duside purisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277, Det prompted by North De Daryberg.
L. Dennis Print Counseld	or's Name	2. Den Counselor	s Signature Date of Response
	EME	RGENCY REVIEW	
Date Received:/_/	ts this determined	to be of an emergency nature?	Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
	04-1-0-	ura	/ / / Date
C	hief Administrative Officer's Signatu	H U	DOC 0046 (8/2012 ₁

Distribution: Master File; Offender

Page 1

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

my receipt back that day but didn't. So today I talk to
C/o Blair and told him that I still hadn't got my
1 1 1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
original receipt back. C/O Blair came back with a New
$\frac{1}{2}$
receipt that was recharged and back dated to cover
1) I metal of Clay this New recell to the way
aptien morally in some but was charged for
back\$6.72 for the 12 pops, but was charged for
order and receipt. So I was charged \$6.00 for 24 Noodles
order and receipt so I was considered
BI did not receive and credited # 72 f.

Page 2

Primed on Recycled Paper

DOC 6346 (80,010)

PROOF of SERVICE 2l De Andre Crawford being sworn under penalty of flexury to the following Estement: That In Sept 15,2014 el the following documents 9/5/16 by Anna Mc Bee and a Letter sto my claim. To be mailed to the A.R.B in Administrative Review Board TO: Springfield, IL. 62794-9277 M30080 P.O. BOX 112 Joliet, IL. 60434 Subscribed and Sworn before me day of September, 2016 RECEIVED SEP 2 0 2016 OFFICIAL SEAL PHYLLIS BAKER ADMINISTRATIVE

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES 4-30-2019

REVIEW BOARD

SEP 2 0 2016

ADMINISTRATIVE
REVIEW BOARD

to Whom it May Concern:

El am writing to you concerning my appeal of grievance number 197. My grievance was devild by Anna Mc Bee without being investigated. If you Look at the evidence which was ignored by Ms. McBee, el believe my it would prove my claim. On 12/16/15 el was overskarged by \$6.72. Ell you look at the trust fund transaction statement the receit or ticket number is 803996 and the batch number is 3567150. However the commissary supervisor then tried to cover up the overcharge on 12/18/15 ticket number 802/087 and leater # 3527196. On 12/16/15 El was charged for 24 pops and was given 12. We are only allowed to by 12 pops and 12 water. To to cover up on the 18th LD/18 they refunded the \$6.72 but rung up 24 noodles that I never received, I'm asking to be refunded the \$6 2 was charged for the noodles. PAlso Stateville only allows an inmate to never Twice in a week.

De Andre Crawford M3008 ARB - Crawford 000048 **Date**: 9/10/2016 **Time**: 09:56:15

CHAMP

Stateville Correctional Center Trust Fund

Inmate Transaction Statement 11/1/2015 to 5/10/2016

Inmate: M30080 Crawford, Deandre

Housing Unit: STA-B -04-08

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	
Jace	004.00					Beginning Balance:	3.63
1/10/15	Point of Sale	60 Commissary	3147228	799678	Commissary	-24.78	
2/01/15	Point of Sale	60 Commissary		801846	Commissary	-8.58	
	Point of Sale	60 Commissary		803996	Commissary	-82.83	
2/16/15	Point of Sale	60 Commissary		804087	Commissary	.72	
2/18/15		60 Commissary		805976	Commissary	-64.90	
1/05/16	Point of Sale	60 Commissary		807906	Commissary	-9.46	
1/21/16	Point of Sale	60 Commissary		810068	Commissary	-19.39	
2/09/16	Point of Sale	60 Commissary		812153	Commissary	-43.13	
3/01/16	Point of Sale	60 Commissary		814539	Commissary	-9.93	
)3/16/16)4/20/16	Point of Sale Point of Sale	60 Commissary		818935	Commissary	-14.81	
					Tota	I Inmate Funds:	20.12
					100 Access		0(

Total Inmate Funds:
Less Funds Held For Orders:
Less Funds Restricted:
Funds Available:
Total Furloughs:
Total Voluntary Restitutions:

RESTRICTIONS

Invoice Date Invoice Number	Type Description	Vendor	Amount
04/29/2016 aje2017	Disb Postage	15806 Pitney Bowes Bank Inc	\$1.36
30-200 90 90 900 000 000 000 (Total Restrictions:	\$1.36





The Illinois Department of Corrections

	301 Concordia Court, P.O. Box 19277 • Springfield, I	L 6	2794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offen	der Name: Crawford, Deandi	re	Date: 3/2/17
Regis	ter#	-	
Facili	v: Stateville.	_	
a form	nal hearing. A review of the Grievance, Grievance Officer/C. ance that is direct review by the ARB, a review of the Grieval	AO nce	has been conducted.
	Your issue regarding: Grievance dated: 1516 G	rie	vance Number: 3165 Griev Loc: 810
0	Transfer denied by the Facility or Transfer Coordinator		O Commissary
0	Dietary	1	O Trust Fund
X	Personal Property Mattress Confiscate	d	O Conditions (cell conditions, cleaning supplies)
0	Mailroom/Publications 11214		O Disciplinary Report dated Incident #
0	Assignment (job, cell)		O Other
	Band on a suday of all available information this office	o h	3.00000
	Based on a review of all available information, this office	C 11	
0	Affirmed, Warden is advised to provide a written response of corrective action to this office by	O	Denied as the facility is following the procedures outlined in DR525.
0	Denied, in accordance with DR504F, this is an administrative decision.	0	Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
0	Denied, this office finds the issue was appropriately addressed by the facility Administration.	0	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
0	Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	0	Denied as this office finds no violation of the offender's
0	Denied, as the transfer denial by the facility/TCO onwas reviewed in accordance with transfer procedures and is an administrative decision.		due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
	Other: Mort as a fundamental and a fundamental a	1	ecieved a mathess 7/29/16
	Hadress any unredical		ASUL VIA SICK CALL.
FOF	Sarah Johnson	COI	NCURRED: Yohn M. Baldwan John R. Baldwin
	Administrative Review Board		Acting Director
CC:	Warden, Correctional Correction		M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B217

	Grievance Officer's Re	port	
Date Received: 7/15/16	Date of Review: 8/10/16	Grie	vance#3165
Committed Person: Deandre		ID	#: M30080
Committee Ciccin Dounts			
Facts Reviewed: On a grievar	nce dated 7/15/16 offender claims that his m	attress was confiscate	d during a shakedown on
7/12/16 and that he has not ha	ad a mattress since that date.		
Grievance Officer finds that the	ne offender received a mattress on 7/29/16.		
		1	AUG 22 2016 NISTRATIVE BOARD
			CCE.
		An.	AUG
		REVA	NIS 2016
		12	WBRATIL
			ARDE
			18
	Local		
Recommendation: Issue reso	lved.		
		Sanid Mkn	shield CEII
	ance Officer's Name	Grievance C	Officer's Signature
(Att	ach a copy of Committed Person's Grievance, including	counselor's response if appl	icable)
- /	Chief Administrative Officer's	s Response	
Date Received: 8/10	7/16[concur [☐ I do not concur	☐ Remand
Comments:	O		
		¥	, ,
	()/		8/11/16
Chief Administrative	Officer's Signature		Date
	Committed Person's Appeal To	The Director	
I am appealing the Chief Administra	ative Officer's decision to the Director. I understand	this appeal must be submitt	ed within 30 days after the date of the
Chief Administrative Officer's decis	ion to the Administrative Review Board, P.O. Box 19 nselor's response, if applicable, and any pertinent docur	1277, Springfield, IL 62794-9	277. (Attach a complete copy of the
	1		ū.
De Andre Cu	xwford	M30080	8/18/16 Date
Com	nmitted Person's Signature	יוט#	Date

Date: 7/20/16	Offender: (Please Print)	eAndre	Craw fo	ord	M30080
Present Facility: Statev	ille		and the state of t	atev?	lle
NATURE OF GRIEVANCE:			19°		GDIN
Personal Property Staff Conduct Transfer Denial by Facility Disciplinary Report:	Mail Handling Dietary Transfer Den		eatment	ADA Disa HIPAA Other (spec	Brieval Accollination
	Date of Report rotals may be grieved	immediately via the loc	0.7		STA# 3088
Complete: Attach a copy of any pertine Counselor, unless the leaus investment of the later of later of the la	pives discipline, is de tus involves discipline nly if EMERGENCY (only if the leave invol- ugs, leaves from ano	emed an emergancy, on a at the present facility priovance, was transfer denial by ti ther facility except pers	r is subject to direct re or issue not received i ne Transfer Coordinat onal property issues, (view by the Adn by Counselor. or, protective cu or issues not res	ninistrative Review Board. stody, involuntary solved by the Chief
Summary of Grievance (Provide Inform for seph person involved):	ation including a deatr	iption of what happened	, when and where It has	opened, and the n	same or identifying information
El haven to the Lack and bat La Surkybild to the five do some she feet on the evan seen but one she feet on ment for my	Lips, to	stressis les ses ses se	M3008		Refs. Lofe to Lofe to Lofe to Lofe to Rere. "El Cthe short Merext Corineparable harm to solf. 7,20,16
	Counc	elor's Response	(M emploseble)		
Data Received:	□ Send dire	ctiy to Grievence Office	or Outside Admini Springf	strative Review I loid, IL 62794-9	
Print Counselor's	Name -		Counselor's Signal	tunb	Date of Response
Data Received: 8 1 4 1 16	,	MERGENCY REV	jency nature? Y	o: an emergenc	y is not substantiated. nit this grievance
Distribution: Master File: Offender	January Guide	Page 1			DOC 0046 (8/2012)

ALTHOR DEPARTMENT OF COMMETTORS OFFENDER'S GRIEVANCE (Continued)

	. /
water al Mallingento.	indellerence for my general needs
and medical needs.	Wakaba which is a walation of
DINCE THE PROPERTY OF THE PROP	eights, uniler the lighth smench
my constitutional n	yorks, united for eagures to the
ment against crue	Cand unusual punt hment this
also we alates my a	ighte under the elmprison Pleson
Act.	
Mi	
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	The state of the s
•	. •
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	v2 .
8.7	
	•

Date: 7/18/16	Offender: (Please Print)	Ndre Cra	faci	ID#:
Present Facility: Statevil		Facility where grievan	co S. J. J. COLE	WISCOFFICE
NATURE OF GRIEVANCE:		Isaue occurred:	Sta Fort	W = 2016
Personal Property	Mail Handling [Restoration of Good	Time Disabilit	01 25 2010
Staff Conduct	☐ Dietary [Medical Treatment	AAGIN [141/hL
Transfer Denial by Facility	☐ Transfer Denial by 7	ransfer Coordinator	Other 6	Part I
☐ Disciplinary Report:	/ / Date of Report	70	acility where lesued	
	niais may be grieved immedi	stely via the local administr	.0	ustody status notification.
Complete: Attach a copy of any pertin Counselor, unless the issue invo Grievance Officer, only if the iss Chief Administrative Officer, or Administrative Review Board, a administration of psychotropic dri Administrative Officer.	nent document (such as a black of the comment of th	cipilnary Report, Shakedow, n emergency, or is subject present facility or issue not e. afer denial by the Transfer lity except personal proper	Record, etc.) and send to direct review by the Ar resolved by Counselor. Coordinator, protective of ty issues, or issues not re	to: dministrative Review Board.
Brief Summary of Grievance:	Kowe been	without	a most	triess sence
7/12/16. Since 7	then El has	& speken	to Lt's 1	Bennett
Burkahlow and	Pala el Re	are also s	poken to	Sit hart
And The Aller	a clange	Sgt Homa	-)	In of
Maslace along		2 Mastal	co canno	Do D' 1 D'
Tradella and girls	7	lating mal	e) on 5-11	shift this
1 1 4 40 1.	· Add	shment on	0 0	tion of my
0 0	ights. C/O	1 -	red to re	solve the
0 0 0 5	y come up w	oth two pe	llows, Il	am now
experienceing of	our in my	back show	Ide and	Kipps
Relief Requested:	mattress	***************************************		
			,	
Check only if this is an EMERGENC	Y grievance due to a substa	ntial risk of imminent perso	nal injury or other seriou	s or irreparable harm to self.
le Andre Ciont	Pord	m-	30080	7,18,14
Offeind	er's Signature (Continue on	reverse side if necessary)	ID#	Date
	Counselor's	Response (if applicab	(a)	
Date Received: / /	L			
Response:	Send directly to G	rievance Officer	Outside jurisdiction of Administrative Review Springfield, iL 62794-	Board, P.O. Box 19277,
			· ·	
, , , , , , , , , , , , , , , , , , ,		-		
Print Counselor's N		Counse	olor's Signature	Date of Response
Date 7 0/ 1/	EMERG	ENCY REVIEW		
Received: 1121/6	le this determined to i	be of an emergency nature		
/)).		/ Offender should sub	cy is not substantiated. mit this grievance
	12		in the normal manne	72111
Chler A	dministrative/Officer's Signature			0 1/6 Date
Distribution: Master File; Offender	Printe	Page 1	non-sellen in it a delle mongherman di della mongherma di accioni comi	DOC 0046 (Rev. 3/2005)

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE



Date: 7/19/1/6 Offer	ader: Be Print) De Apldre Crouford	ID#:
Present Facility: State Ville	Facility with any policy and	M30080
NATURE OF GRIEVANCE:	Isaue occurred:	tate V GRIEVANCE OFFICE
Staff Conduct	Mail Handling	Disability Disability Other made and
Complete: Attach a copy of any pertinent do Counselor, unless the issue involves d Grievance Officer, only if the issue invo Chief Administrative Officer, only if E Administrative Review Board, only if it	ay be grieved immediately via the local administration ocument (such as a Disciplinary Report, Shakedows Reclections, is deemed an emergency, or is subject to discipline, is deemed an emergency, or is subject to discipline at the present facility or issue not resome MERGENCY grievance. The issue involves transfer denial by the Transfer Coorsues from another facility except personal property issues from another facility except personal property issues.	ord, etc.) and send to: ect review by the Administrative Review Board. lived by Counselor. cdinator, protective custody, involuntary
Brief Summary of Grievance: El Ray Matthiess This is Anastació Crought Masamal unsanita on the leare steel	ve gone a week wi crue f and unusual p me a mattress that ing. El Rouve been f	thout Raving a unishment, c10 twos & deemed forced to soldsleep
Reliaf Requested:		7
Check only if this is an EMERGENCY grien De Andre Caufor Olfender's Sign	vance due to a substantial risk of imminent personal in M300 nature (Continue on reverse side if necessary)	njury or other serious or irreparable harm to self.
	Counselor's Response (If applicable)	
Date Received: / /	Send directly to Grievance Officer Ou	J utside jurisdiction of this facility. Send to iministrative Review Board, P.O. Box 19277, ringfield, li. 62794-9277
Print Counselor's Name	Counselor's 8	. / / Signature Date of Response
		Agriculto Date of Masbourse
Date Received: 7 /25/16		Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Distribution: Mester File; Offender	Page 1	DOC 0046 (Rev. 3/2005)

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B408

Date:	7-17-16	Offender: (Please Print) DEAN	tre Crawf	ord	M30080
Present	Facility: 3 tatevi	ille	Facility where grievence	tate and	WANCE OFFICE
NATUR	E OF GRIEVANCE:				
D S	tersonal Property taff Conduct ransfer Denial by Facility	Mail Handling Dietary Dietary Transfer Denial by Tr	Restoration of Good Time Medical Treatment unafer Coordinator	ADA DIS	ability Accommodation
	isciplinary Report:	Date of Report		city where issued	
			ely via the local administration o	THE PARTY OF THE P	
	numbalor uniasa lina tao is inu	inawa manana ia manaad ah i	plinery Report, Shekedawa Riscor emergency, or is subject to direc		io: Iministrative Review Board.
- A	irievance Officer, unity if the in hief Administrative Officer, o diministrative Review Board, dministration of psychotropia d dministrative Officer.	sus involves clinciplins at the pr my if EMERGENGY grisvence, only if the lesus involves transl rugs, issues from another facilit	meent lacility or immediate mech	ed by Counselor. inator, protective c es, or issues not re	ustody, involuntary sectived by the Chief
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Lod	ay ey R.W.	acolda (sh	on one, co	1. Comen	t est mo
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Relief Re	quested: To get	a material	is and med	coal C	DVCL.
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M. CIB	A O O	A A	total transfer our militarian in procession in the	LIY OF ORRES BOILD	
Sh	Malle G	aut ord	M300	080	Date
	,	· (Continue on t	overse side II seconsery)		
		Counssior's	Response (If applicable)		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Date Receive	d. , ,	Send directly to Gri		eiste iusiestistion of	this facility. Send to
INDUCTOR		Cond directly to Car	Adn	ninistrative Review Inglield, E. 62794	Board, P.O. Box 19277,
Respons	io:				
		e i e e e e e e e e e e e e e e e e e e		N.	
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	Print Counsalor's	Name	Counselor's Si	gnature	Date of Response
		EMERG	ENCY REVIEW		
Date Received	1 7 ,25,16	ls this determined to b	e of an emergency nature?] Yes; expedite er	nergency grievance
			₹E	KNo; an emergen flander should sub	cy is not substantiated. mit this grievance
)/	in	the normal manne	7.26.16
	Chief	Administrative Officer's Signature			Date
				Name and Address of the Owner, where the Owner, which the	

Distribution: Master File; Ollender

Page 1

DOC 0046 (8/2012)

B408

		• •
1/28/11	Mondor: BEANDE Crau	ford M30080
rosent Facility: Statevill		
NATURE OF GRIEVANCE:	inches described.	2
	of Report	HIPAGRIEVANCE OFFICE Other (specify): AUG 1 0 2016
Counselor, unless the lease involve Grievenes Officer, only if the lease Chief Administrative Officer, only i Administrative Review Beard, only	document (such as a Dissiplinary Report, Shakades s discipline, is deemed an emergency, or is subject involves discipline at the present facility or issue no	tration on the protection/classody status notification. The Becord, sic.) and send to: It is direct review by the Administrative Review Board, of resolved by Counselor. Togotimator, protective custody, involuntary
unmary of Grievance (Provide Information reach person involved):	including a description of what happened, when and	where it happened, and the name or identifying information
rush shakedou male) on the 7- efficer to com to the shad p at get a mathe the 3-11 shifts w Re would call not having a m	on 7/12/16. El signature on 1/12/16. El signature on 1/12/16. El signature on esta de la seria del seria de la seria de la seria de la seria del seria de la seria del seria de la seria de la seria de la seria de la seria del seria de la seria del seria d	tress since the orange when to Lt Livens "tell your gallery. "tell you
De Andre Crawfor	0	30086 7,27,16
Offenders	Signature (Continue on reverse side if necessary)	IDa Date
1 20	Counselor's Response (If applicat	(10)
colved: 1,29,16	Send directly to Grievance Officer	Outside jurisdiction of this facility. Send to
It and A	to 1 Complaint and	Administrative Review Board, P.O. Box 19277. Springfield, IL 62794-9277 uplyined he had no mattres
and Ol A to train	a was assigned to 4 golle	represent harrians
A A	sed because according to	Wageria Crawporda
services which we refu	sed because according to	Changera it was wasenth
sangered waited of day	s after We Sheperdown of	unit 6 by The Sout Dean
L Dennis Print Counselor a Name	Lin	no 8,5/6 elor's Signature Dute of Response
- India		
	EMERGENCY REVIEW	
celved:	le this determined to be of an emergency nature	Yes; expedite emergency grievance No; an emergency is not substantialed. Oftender should submit this grievance in the normal manner.
Chief Admir	istrative Officer's Signature	Date

ARB - Crawford 000057

ALTHOR DEPARTMENT OF CORRECTIONS OFFENDER'S GRITEVANCE (Continued)

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mattress but a refused it shis mattress was un-
of alt and land of the mid to the cold with the
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If an and my throng day more on the and land date
tall them not to one that matters to any one ofter it was taken from another inmate. She said about you
it was taken from another inmorte she much about you
of the art to sent the ser a deliberate act of deliverale
o 1000 h. 1000, to a markowy Alexeroure Alexe Which
isolate my constitutional runkt under the 8 will remain
agrinst view of and unisual punishments
· _ · · · · · · · · · · · · · · · · · ·
Counselois Response Cont.
to be I a softher the the tene all invites in und Bourast
it is a like the shahadawa had them bedaced
at a to total a with units who wild there
Theort were made to get Crawford a mattress. Crawford
Leaved a matteres on Ani 7/29/10.
received a mattress on Ani 7/29/16.
Lecenied a mattress on Ani 7/29/16.
Lecenied a mattress on Ani 7/29/16.
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Showing a mattress or Any 1/29/10. C. Denis Lennis 2/5/10
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Secunda mattress or Any 1/29 1/4. U. Denris Dennis HB/1/4
Sicunda mattress or Frie 1/2/16. (i. Derris Derris 3/5/10

Date: 103/1/	Offender: DEANARE	Crawford	M30080
Present Facility: Statevi		there grievance	
NATURE OF GRIEVANCE:	locue occ	010/12/	
Personal Property Staff Conduct Transfer Denial by Facility	The standard of the standard o	Treatment HIPAA	Lability According to the Lability of the Labi
Disciplinary Report:	lets of Report	Facility where leaved	3166
	nials may be grieved immediately via the		
Chief Administrative Officer, of Administrative Review Secret, of administration of psychotropic do Administrative Officer.	obes disciplins, is deemed an emergency rue involves discipline at the present facili- nly if EMERGENGY grievence. only if the leave involves transfer denial b uge, leaves from another facility except p	, or is statiset to direct review by the A ty or leads not resolved by Counselor. y the Transfer Coordinator, protective monal property leauss, or issues not	custody, involuntary resolved by the Chief
Summary of Grievance (Provide Information such person involved):			name or identifying information
I have Not !			6. I have
put in Numeron	us grievances	2 1/	sue. Since
then I have so	oken to Lts Di	ennett Burky	bile and
John Goe It()	9-3 shift) asurel	los It. Eleli	to sal
Whitfield &	let Neplin (8-1	shift) agt. Na	it, Anling
Sat Nomen Cle	aivut) liting of	at Anaslacco	and rolling
Lot Campan.		Coreno K. Canal	which
Ctall white ma	le young 5'10" 6's	10 1 010	ton the 1-3
shift on 1/22/	16. El spoke to	Warden Vist	to where
Relief Requested: At a	mattress and		elment for
my back, Keps	and shoulder		
	CY grievance due to a substantial risk of	immined company injury or other series	es or imposmble harm to self.
1 2 2	0 0		D 02 11
De Andre Craw	Yord der's Bignasure	M30080	7 123 1 16 Date
	' (Continua an reverse sid	M necessary)	
	Counssior's Respons	00 (N applicable)	
Date Received: 7 / 27 // Co	Send directly to Grievance Of	ficer	of this facility. Send to
1 -0	stated (nawbard 1300	Controlled # #27D	w Board, P.O. Box 19277.
			had no mattress
and 90 Unfostario cell	own assigned to 4 go	every offered than	your a palvie
which he reposed wico	sunt Carperd the	Ma la la la consun	Lary, 100 gruy
That invale (margors	Cracies 7 days apply	The Browners of 1	O TO
L. lennis		Lenns.	8,5,10
Print Counselor's	Name ·	Counselor's Bignature	Date of Response
	EMERGENCY R	EVIEW	
Received: / /	is this determined to be of an en	☐ No: an emerge	emergency grievance incy is not substantialed. Jomit this grievance ner.
- Nul	Arlministrativa Officer's Sinnatura	ARB- Cra	awford 000059

Chief Administrative Officer's Signature

SERVING DIFFARTMENT OF CORPORTIONS OFFENDER'S GRIEVANCE (Continued)

he was in B-house at exactly 3:53 am with warden
Lord and some Doe. He tald It, Bennett to take care of
that I was owen a rejected mattress that has
more on it by C/O Danalwhich . This mattress
was token from another immate. Major Lake tald
and for the from ambient immate, and exist therefore
B-Rouse stall not to sive their matters out bowever
they tried to give it to me. I spoke to Wonsten. Plister again when he came in again with a tour. We told me he'll take can of it. I'm howing whem fain in my hips shoulder at and back.
Plister again when he came in again with a tour.
He told me ke'll take can of it. Il'm howing exerting
four in my kips shoulder at and leach.
for a nottees. By this time all invites munit Bahose
shothers were dama and Juring the objection had then replaced and the
We river to the other adults units who needed them. Efforts were
make to get crowford a nattress. Crowfood received a matters
and as idea 7/29(110.
1 Dennis Zilenin 8/5/16

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F BQ4Y

PHILIPORDOLL: WERDER LINE! CHIEDOR

8408

			I
7-1-11	Mandar: lease Print De Andre Crawd	2mrd	100: 1430080
record Facility: Starteville		The Part of the Pa	
IATURE OF GRIEVANCE:	I HEADS GENERAL		
Personal Property Staff Conduct Transfer Denial by Facility Disciplinary Report:	Mail Handling	HIRANA Other tops AUG	1 0 2016
Motes - Protective Custody Dental	on may be grieved immediately via the local administra	alion of the protective ou STA#	3/6 S Blody status notification.
complete: Attach a capy of any pertinent Gouncelor, unless the lease involve Orievence Officer, only if the lease Chief Administrative Officer, only Administrative Review Board, only	I document (such as a Dissiplinary Report, Shakedoor is discipline, is deemed an emergency, or in subject i Involves discipline at the present facility of lesue not	n Pacient, etc.) and send in to direct review by the Ad- received by Counselor. Coordinator, protective or	ministrative Review Board.
ummary of Grievance (Provide Information	n including a description of what happened, when and w	there it happened, and the	name or identifying information
Since 7/12/16 2	to sleep on a lare	to a mall	ress. El
	usual punishment s	nol n vi	elation
0 000 10	nal rights. On 7/12/	16 El spok	e to c/o
north Anastorio	and tald him that	to el did	not house
a mattress bec	oure orange orund	2 to it.	el was
et given a m	Attress. Then on 7/1	3/16 el sp	ofe to
t. Burkahlmer	on the 7-3 shift. Il.	explained	that el
list not have a	mattress. He said t	Int Re coc	Idn't do
allet Hequested: 20 get	a mattress and co	mpensati	on for
laving to sleep	on lare steel.		
~			
Check only if this is an EMERGENCY	grievance due to a substantial risk of imminent perso	nal injury or other serious	or irreparable harm to self.
De Andre Cerufo	Honory M3	<u> 30080 </u>	7,15,16
1	' (Continue on reverse side if necessary)		
	Counselor's Response (it applicate	(e)	
ite 7 ,21 Mp	☐ Send directly to Grievance Officer ☐	, -	his legithy Coad to
M 7/11	All p a	Outside jurisdiction of a Administrative Review Springfield, IL 62794-9	Board, P.O. Box 19277,
spones: M My Hy	It elyola stated C	campord.	W3000
omplained he h.	ad no matters on	of To anas	tario offered
surpord a motore.	which he refused	because	occording
a (rankout the	mattress was un f	reguence.	Transford!
1 Doors	svakesque rog wind a	3 Ore our J	7.29.11
Print Counselor's Name	Course	lor's Signature	Date of Response
1	EMERGENCY REVIEW	1	
ie	EMERGENT REVIEW	- .	
celved:/	is this determined to be of an emergency nature		y is not substantiated. hit this grievance
Phief Admi	platerilus Dillouris Cingators		Date
Chief Admi	nistrative Officer's Signature		DELE

ELHIDIS DIFFATHERIT OF CORRECTIONS OFFENDER'S GRIEVANCE (Confinued)

anuthing right now. El then talk to Anastaico again.
on 3-11 of most nor reply from him so it asked C/O
Cannakan v so on 5-1 Var se massass. He muse
nat my gallery lext on 1/19/16 de sporte la das
Whitlield about not kowong a Mathress the tald me
el reculd have to wait rubile. Again El spoke lo
Anastrica and cannhan on the 3-11 shift. Etill El got
no help I som either on 7/15/16 El spake to secting date
Homen (Peo Nut) he told me il would have to put in a
remulation of the rest of new contact then spoke to
Lt. Bennett se told me that it's gonna be auxile
before they could get me a mattress.
Counsilors Despond Cont.
By This time of unnates in Unit & webose mattresses
Was do many design the shapplacen had them replaced
and the best was given to other quarter units who
model if a Admitte (mader has no matters lout
efforts are being made to get a mattress for him.
Times 7/27/16



John Baldwin Acting Director

The Illinois Department of Corrections

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	1301 Concordia Court, P.O. Box 19277 • Springfield	, IL	62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offe	nder Name: Crawford, De And	re	Date: 13/17
Reg	ister#M 30080		
Faci	ister# M 30080 Stateville	_	
a for	ma: hearing. A review of the Grievance, Grievance Officen vance that is direct review by the ARB, a review of the Griev	/CAC	e has been conducted.
	Your issue regarding: Grievance dated: 2 2116	Gri	evance Number: 1283 Griev Loc: 870
0	Transfer denied by the Facility or Transfer Coordinator		O Commissary
0	Dietary		O Trust Fund
0	Personal Property		Conditions (cell conditions, cleaning supplies)
0	Mailroom/Publications		O Disciplinary Report dated Cell 408
0	Assignment (jcb, cell)		O Other
	Based on a review of all available information, this off	ice	has determined your grievance to be:
0	Affirmed, Warden is advised to provide a written response of corrective action to this office by		Denied as the facility is following the procedures outlined in DR525.
.0	Denied, in accordance with DR504F, this is an acministrative decision.	С	Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
0	Denied, this office finds the issue was appropriately acdressed by the facility Administration.	C	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
0	Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	C	Denied as this office finds no violation of the offender's
0	Denied, as the transfer denial by the facility/TCC on was reviewed in accordance with transfer procedures and is an administrative decision.		due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
	Other: Moot, per staff		issue was fixed 5/11/16.
FOI	R THE BOARD: Old Johnson Sarah Johnson Administrative Review Board	CO	ONCURRED: John R. Baldwin 1/5/17 Acting Director
CC:	Warden, Stateville Correctional Confectional		m 30080

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

1	Grievance Office	er's Report	
Date Received: 3/17/16	Date of Review: 5/19	0/16	Grievance # 1283
Committed Person: CRAWFO	PRD, DeAndre		ID #: M30080
Nature of Grievance: Mainten	ance		
			RECEIVED
	3		JUN:0.7 2016
Facts Reviewed: Grievant cla	ims that his sink is not working in B-	House, cell 408.	ADMINISTRATIVE REVIEW BOARD
Grievance Officer finds per th	ne Maintenance Dept., B-House, cell	408 was fixed on 5/11/16	
*			
	,		
Recommendation: No :	action		
		,	, ,
		11/	
		A Kann	
Jill Hosselton, CCII Print Grieva	ance Officer's Name	/ / /	vance Officer's Signature
(Atta	nch a copy of Committed Person's Grievance, in		п аррисало)
2-/	Chief Administrative Of	ticer's Response	
Date Received:	I concur	☐ I do not concur	Remand
Comments:			
			-7 1
		<i>C</i> 5	5/20/16
Chief Administrative C	Officer's Sjonature	<u> </u>	Date
	Committed Person's App	eal To The Director	
Chief Administrative Officer's decision	tive Officer's decision to the Director. I unde on to the Administrative Review Board, P.O. selor's response, if applicable, and any pertine	Box 19277, Springileid, iL 6	ubmitted within 30 days after the date of the 2794-9277. (Attach a complete copy of the
		0 \	1 / 1 / 1 1
De Andre C	nitted Person's Signature	M30080	

B408

Deta: 21/14	Otlander: (Please Print)		ord I	M30080
Present Facility: 3-tatcv?	lle	Facility where grievence leave occurred:	Statevi	((C)
NATURE OF GRIEVANCE: Personal Property Staff Conduct	Mail Handling	firestoration of Good Tim	ADA Disa	GRIEVANCE OFFICE bility Accommodation MAR 1 7 2016
Transfer Denial by Facility Disciplinary Report:		Transing Coordinatorio	Other (spec	1283
Note: Protective Custody De	Date of Report Initials may be grieved imme	ADMINISTRATIVE	on the protective cus	slody status notification.
Chief Administrative Officer,	colves discipline, in please in the involves discipline at it only if <u>EMERGENCY</u> grieve , only if the issue involves to ruge, issues from another fi	I an emargerroy, or is expect to to the present facility or leave not read mos. renafer denial by the Transfer Coo actity except personal property is	lived by Counselor. dinator, protective cu	istody, involuntary solved by the Chief
for each person involved):	sation including a description	Cy Koes Creen	KunIng	por at
Roser Lake I	to Beanett	17/1	and Clo	Convahan
about fulling	Rat water	and Race	get to	fre given.
1 1	on of our	Constitutiona	Prinkts ave met	as almot
able to net.	more than	a peur nine	ter of	skeep, and
Hellof Requested:	t the sin	HE PLANE.		
Check only If this is an EMERGE	4			
De Andre Circil		e on reverse side M recessary)	ide de	Date
	Counselo	r's Response (Napplicable)		
Pate Received: 3, 3, 11	1 21-2		Outside jurisdiction of Administrative Review Springfield, IL 52794	Board, P.O. Box 19277.
Was received or	n Friday ?	thelio hostle	Duck is	B408 and
At Drawt place	of Comfor	of saw or crisi	steam ;	3,4,16
Print Counselor		ERGENCY REVIEW	Signature	Date of Hesponse
Date Received:/		d to be of an emergency nature?	Yes; expedite er No; en emergen Offender should sub in the normal manne	nergency prievance cy le not substantiated. mit this prievance rr.
. Chi	of Administrative Officer's Sign	PAINS .		Data
And the state of the second state of the second				· P

ALMOS DEPARTMENT OF CORRECTIONS OFFENDER'S CRIEVANCE (Continued)

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the constanct sound of numing water Is neally every engine to looker med el am a mental health policint
ガニース コグバフェー・コブ・スタロー コスステンタメポール 間隔 ヤンとうどとしがく カー さんがいだ しょうさいさいしょ もくだち
Promoter Description of the Front & Stark 26 and taking
medication for
1



John Baldwin Acting Director

The Illinois Department of Corrections

		atunent of Corrections
	1301 Concordia Court, P.O. Box 19277 · Springfield	d, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844
	nder Name: <u>Crawford</u> , De And	<u>dre</u> Data: 13/17
Regi	ister# M 360 80	
	ity: Stateville	
a for	mat hearing. A review of the Grievance, Grievance Officers rance that is direct review by the ARB, a review of the Griev	This office has determined the issue will be addressed without er/CAO response to the grievance has been conducted. For a evance has been conducted. Grievance Number: 323 Griev Loc: Sta
0	Transfer denied by the Facility or Transfer Coordinator	O Commissary
0	Dietary	O Trust Fund
0	Personal Property	O Conditions (cell conditions, cleaning supplies)
0	Mailroom/Publications	O Disciplinary Report dated
0	Assignment (job, cell)	9. other <u>S94 Panazzo</u> , 1/18/16 7
0 0 \$ 0 0	Based on a review of all available information, this off Affirmed, Warden	O Denied as the facility is following the procedures outlined in DR525. Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility. Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment. Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
FOF	Sarah Johnson Administrative Review Board Warden, Stateville Correctional Confectional Confection Confectional Confection	(0/1) (0/1) (/1

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

		Grievance Offic	er's Report		
Date Received:	1/25/16	Date of Review:	6/13/16	Grievance # (optional): 323	
Committed Person: De/	Andre (Crawford		ID#: M30080	
Nature of Grievance: R	eligior	ı Issues			
			ė.		
	Facts Reviewed: Grievant wants to be able to wear his religious headgear at all times.				
Counselor response indicates that per DR425, "The wearing of religious headgear including but not limited to fezzes, kufis, and yarmulkes, shall be limited to the committed person's immediate sleeping area during prayer and to the area of religious service."					
*					
			RE(CEIVED	
			JUI	N 2 9 2016	
Recommendation:	No a	ction.		IISTRATIVE	
			REVIE	EW BOARD	
			\bigcap		
			linn	Method	
Anna Hill Pri	nt Grieva	ance Officer's Name		rievance Officer's Signature	
	(Atta	nch a copy of Committed Person's Grievance,		ise if applicable)	
	,	Chief Administrative O	officer's Response		
Date Received:	14/	16 I concur	☐ I do not cond	cur Remand	
Comments:	/				
		(2/1		11.11	
		Management of the second	.0		
Chief Adminis	strative (Officer's Signature Committed Person's App	peal To The Director		
Chief Administrative Officer's	e decisi	tive Officer's decision to the Director Lund	lerstand this appeal must b b. Box 19277, Springfield, IL	e submitted within 30 days after the date of the 62794-9277. (Attach a complete copy of the	
~ 1 a	\cap	0	0.5	1/2/11	
De Andre	Comi	nitted Peyson's Signature	M30087) <u>(p/L0/16</u> Date	

Distribution: Master File; Committed Person

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

B408

Date: 1/18/16 Offender: De Andre Crowford M30080
Present Facility: Storte Ville Facility where grievance Storte Ville Issue occurred:
NATURE OF GRIEVANCE:
☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation ☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA ☐ Other (specify): ☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): ☐ Dietary ☐ Transfer Denial by Transfer Denial by Transfer Coordinator ☐ Other (specify): ☐ Dietary ☐ Dietary ☐ Other (specify): ☐ Dietary ☐ Other (specify): ☐ Dietary ☐ Dietary ☐ Other (specify): ☐ Dietary ☐ Other (specify): ☐ Dietary ☐ Other (specify): ☐ Dietary ☐ Dietary ☐ Other (specify): ☐ Dietary ☐ Dietary ☐ Dietary ☐ Dietary ☐ Other (specify): ☐ Dietary
GRIEVANCE OFFICE
Disciplinary Report: 7 Date of Report Facility where issued
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status houffication.
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the Issue Involves discipline, is doemed an emergency, or is subject to direct review by the Administrative Review Board. Grisvenne Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):
Rouse bullpen il was tyld by Sot, Panaggo that il
state issued cap, and that it had to take it back to
service. The Lat then had clo Walsh walk Inc
Readouer Alter C/O Walsh brought me leach South
to the Callien alloway to the Callien allow the the calling the callin
Preely without punishment
Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
De Andre Crawford M30080 1,18,16
Offender's Signature (Continue on reverse side if necessary)
Counselor's Response (if applicable)
Date Received: 1 / 20 / 1() Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: It is policy to only west religious bead graments during
Response: It is policy to only west religious bead garments during the Charles are there is no tickets Chartans are
allowed to wear troop of all times.
L. Dennis Print Counseior's Name Coûnsolor's Signature Date of Hesponse
EMERGENCY REVIEW
Pate Received: / Is this determined to be of an emergency nature?
Chief Administrative Officer's Signature

Distribution: Master File; Offender

Page 1

JUN 29 2016

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

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STATE OF THE STATE
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Distribution: Master File; Offender

Page 2

Printed on Recycled Paper

DOC 0046 (8/2013)



John Baldwin Acting Director

The Illinois Department of Corrections

	1301 Concordia Court, P.O. Box 19277 • Springfield	i, IL e	62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Reg	nder Name: Crawford, De And ster#	Me	Date: 1 3 17
Faci	ity: Stateville	_	
a for	mai hearing. A review of the Grievance, Grievance Officer	/CAC	has been conducted
	Your issue regarding: Grievance dated: 12416	Grie	evance Number: 784 Griev Loc: Stateville
0	Transfer denied by the Facility or Transfer Coordinator		O Commissary
0	Dietary		O Trust Fund
0	Personal Property		O Conditions (cell conditions, cleaning supplies)
0	Mailrocm/Publications		O Disciplinary Report dated
0	Assignment (job, cell)		as determined your grievance to be: denied him to
	Based on a review of all available information, this off	ice h	as determined your grievance to be: A ENICA RUM 10
0	Atfirmed, Wardenis advised to provide a written response of corrective action to this office by	0	Denied as the facility is following the procedures 2 MP 1201 cutlined in DR525.
0	Denied, in accordance with DR504F, this is an acministrative decision.	0	Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
X	Denied, this office finds the issue was appropriately accressed by the facility Administration.	0	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
0	Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	0	Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and
0	Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with		DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
	transfer procedures and is an administrative decision.		
	Other:	-	
EOF	RTHE BOARD: Salah Johnson	CON	NOURRED: John A Baldwar in
	Sarah Johnson Administrative Review Board		John R. Baldwin Acting Director
CC:	Warden, Correctional Correction		m30080

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE



Grievance Officer's Report	
Date Received:2/9/16	Grievance # (optional): 784
Committed Person: DeAndre Crawford	ID#: M30080
Nature of Grievance: Staff Conduct – Performance of Duty	ED
JUN: 0.7 2016	
ADMINISTRAT	IVE
Facts Reviewed: Grievant claims on a grievance written 1/24/16 that he was denied a chan by Sergeant Panazzo and Lieutenant Bennett. He wants to be free of any retaliation from S Harris.	ce to go to commissary on 1/20/16 dergeant Panazzo and Lieutenant
Grievance Officer finds in the body of the grievance the grievance cites Sergeant Panazzo in the relief requested he names Lieutenant Harris and Sergeant Panazzo. Grievance Offic longer works for Stateville and Lieutenant Harris is unable to be reached. Lieutenant Benn such incident on 1/20/16. Grievance Officer finds that grievant shopped on 1/21/16. Grieva evidence of any staff misconduct or retaliation.	ett stated she did not recall any
	(A)
Recommendation: No action.	
(In no.)	Mitsel
Fill Offevance Officer 3 Name	rance Officer's Signature
(Attach a copy of Committed Person's Grievance, including counselor's response	if applicable)
Chief Administrative Officer's Response	
Date Received: 5/16/16 Sconcur I do not concur	Remand
Comments:	4
	11.
(+)	5/17/14
Chief Administrative Officer's Signature	Date
Committed Person's Appeal To The Director	
Lam appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be sure Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62 original grievance, including the counselor's response, if applicable, and any pertinent documents.)	ubmitted within 30 days after the date of the 2794-9277. (Attach a complete copy of the
Committed Person's Signature M30380	6/1/16 Date

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE ID#: Otlender: M (Plaase Print) Facility where grievance Present Facility: States laque occurred: NATURE OF GRIEVANCE: ☐ ADA Disability Accommodation Personal Property Mail Handling GRIEVANCE OFFICE ☐ HIPAA Dietary Staff Conduct Other (specify). Transfer Denial by Transfer Copyright 107016 Transfer Denial by Facility 1-111 () 52 ☐ Disciplinary Report: via the local administration on the protective custody status notif Protective Custody Denials may be grieved immediately Note: Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENGY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer. Administrative Officer. Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. M30080 (Continue on reverse side if ne Counselor's Response (if applicable) Date Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Received: Springfield, IL 62794-9277 28

		EMERGENCY REVIEW			
Date Received:	 	Le this determined to be of an emergency nature?	Yes; expedite No; an emergoritender should in the normal ma	gency is not a submit this gr	ubstantiated
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Distribution: Master File; Offender

Page 1

DOC 0046 (8/2012)

OFFENDER'S GRIEVANCE (Continued)

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ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

	CrawFord Deandre M3008D
Offend	der: Last Name First Name MI ID#
Facilit	7) / /
[Д∕Gri Receiv	evance: Facility Grievance # (if applicable) 20169 Dated: Dated: or Correspondence: Dated: Ved: Le 10 U Regarding: Dated: Dated: Dated:
The at	tached grievance or correspondence is being returned for the following reasons:
Additi	onal information required:
	Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
	Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
	Provide dates of disciplinary reports and facility where incidents occurred.
	Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board Office of Inmate Issues 1301 Concordia Court Springfield, IL 62794-9277
Misdir	noted:
IVIISUIT	Contact your correctional counselor regarding this issue.
	Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, Ltilize the offender grievance process outlined in Department Rule 504 for further consideration.
	Contact the Record Office with your request or to provide additional information.
	Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
	Address concerns to: Illinois Prisoner Review Board 319 E. Madison St., Suite A Springfield, IL 62706
No furt	ther redress: Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
	Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further. This office previously addressed this issue on $\frac{10 2 4}{ 2 4}$. $g(V)$ t t t
	This office previously addressed this issue on
	No justification provided for additional consideration.
Other ((specify):
Comple	eted by: Sherry Benton 8. Benton 12,21,19 Prin Name 12,21,19 Date

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

	Grievance Office	r's Report	
Date Received: 5/16/1	6 Date of Review:	6/3/16	Grievance # (optional): 2069
Committed Person: DeAnd	re Crawford		1 D #: <u>M30080</u>
	DR – 201601016/1-STA		
Facts Reviewed: Grieval received three months ea report expunged.	nt was issued a DR for 202, 304 a ch c grade, commissary restrictio	and 404 on 3/17/16 on and \$5.06 in restit	and was found guilty and ution. He wants the disciplinary
reasonably satisfied of the	at DR was reviewed and determi e offender's guilt. Grievance Offic DR upheld, disciplinary sanctions	er cannot substantia	ite the inclaent occurred any
DENIED. Unable to subs	d upon a total review of all availa tantiate this incident occurred an McBee, CCII ance Officer's Name ach a copy of Committed Person's Grievance, in	y other way than rep	MUSCO Officer's Signature
7	Chief Administrative Of	ficer's Response	
Date Received:	1 concur	☐ I do not concu	RECEIVED JUN 1 6 2016
Chief Administrative	Officer's Signature		ADMISTRATIVE REVIEW BOARD
ATTALL INITIALITY	Committed Person's Appe	eal To The Director	
Chief Administrative Officer's decis original grievance, including the cour		rstand this appeal must be s Box 19277, Springfield, IL 6	

ARB - Crawford 000078

OLLENDER, & CHIEAVICE PLANTE

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Orientes sirents submit this grievance by the normal memor.		
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A LONG MONEY OF	22.	
TIES-POLES IL DESCRIPTO	Ough extitudous. Le	i di
Ot bried palediction of this facility. Send to totalidy, Send to TYX, and Tyx 19277,	Sond directly to Grisvance Officer 🔲 🕻	Date Hacelved: H. 12 16
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none, etc.) and send to: fract raview by the Administrative Review Board. Stack raview by the Administrative Review Board.	Macabata in O Wortement passing as sense the second passing p	Complete: Altech e copy of any periment docu-
notification attack custody attack notification.	olianainimba lacoi suu alv yessibemmi baveng ed	Mota: Protective Custody Denlats may
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au Bipalar Diserder and Boardline Personality Diserder
trait. C/O mastario finifical his documented ticket
and Commadian persental Rimself by saying he withnessed
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to the hearing board and was seen by Lt. Best Lt. Best
knowing by and willing without any evidence or investigation
clother line nor dial of Alleria tone any sheets, as c/o
Anastario reported Il Prast fronted out thois 6:40 on 3/17
Anastacio reported il frast former orgo chow, and was
Anastacio gras keying out 10 gallery for Crow, and the tickete
shen inastrucio repented that he conficultation an 100 ft
Shen Inastracio refinela man from the back of the cell to the
that earlier during the shift il was testing a noose
that day et asked if it could see the widence against
me. Lt. Best stated that it was disposed of then sound,
me. Lt. Best stated that it was dispersion immate. "Alt was
the same thing with the Palsified ticket Raguesa unate.
He stated he descarded a 12 ft. time that non from the
He stated the disconded of the line was
to have been true yet neither alleged clathe line was
presented as evidence, and it was found quilty.
DOC DOME

Orstefonkon: Mosfor File: Offender

RECEIVED AFFIDAVIT 22 De Andre Crawford du surar REVIEW ECAPO under fenalty of persury that the Pallowing statement is true and accurate: While going through the appeal process of the disciplinary reports writer by clo's Mark Anastacio (written 3/17/16) and Derrence Ragues (written 3/13/16) was falsified and improperly investigated by both Lt. Best and Anna Mc Bee. To begin with C/O Anastacio reported that he observed a 100f+ clothes line surring from the front of the cell to the back of the cell. Il would like to foint out that the cells in B-house are 6×9ft. Then neither Lt. Best or Anna Mc Bee were able to the produce the alleged line, nor did they see it because C/o Grastacio noted that contraband disposed aff. "Which violates due process rights. next, on 3/17/16 at 6:40 B- House was keying out for clow Which movement loggs would have verified was true, and shown that C/O Anastacio was not conducting ARB- Craftord 000080

RECEIVED Page 2 of 2

JUN 1 6 2016

1	
1111111	as he reported. Also FINE AGOS Ment with
	the new mental health class sixtion civil
	suit. All disciplinary hearings of mentally
	ill inmates (SMI) must be held with
	a Psy Soctor presant. This ticket was
	heard by Lt. Charles Best and C/O
	Windell Venerable who are not Psy
1	Doctors.
	Lastly inmate Raymond King was
	also given the same ticket. It King's
	kearing he testified that there was no
	clother line present, and that he saw what the a noose made of shoe
_	what the a noose made of sloe
•	laces tild around a water battle
	made le inmate Ceauford & Elnmate
	King was given a verbal represend.
	Without investigating Anna Mc Bee
	reanted. Unable to substantiate
	this incident occurred any other way than reported.
	way than reported.
•••	Respectfully
	Respectfully De Andre Ceouford
	Subscribed and sworn to before me
	this 14th day June, 2016.
	Lavid Maxfuld & "OFFICIAL SEAL"
	DAVID MANSFIELD NOTARY PUBLIC, STATE OF ILLINOIS &



John Baldwin Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844 October 12, 2016

Deandre Crawford Register No. M30080 Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on May 3, 2016, regarding two (2) disciplinary reports dated March 17th and 18th of 2016, which was alleged to have occurred at Stateville Correctional Center. This office has determined the issues will be addressed without a formal hearing.

This office has reviewed your grievance dated April 12, 2016 regarding the above issued reports and claims your due process rights were violated as no Psyche Doctor sat during your Adjustment Committee Hearings.

The Grievance Officer's Report (1742) and subsequent recommendation dated April 18, 2016 and approval by the Chief Administrative Officer on April 20, 2016 have been reviewed.

This office reviewed the disciplinary report dated March 17, 2016 written by C/O Anastacio citing Crawford for the offenses of 202, 304 and 404; along with the corresponding Adjustment Committee Summary (201601016/1-STA).

This office reviewed the disciplinary report dated March 18, 2016 written by C/O Ragusa citing Crawford for the offenses of 202, 304 and 404; along with the corresponding Adjustment Committee Summary (201601028/1-STA).

Per contact with Stateville Staff, at the time of these Hearings, a MHP was not required to sit on the Adjustment Committee.

Based on a total review of all available information and a compliance check of the procedural due process safeguards outlined in DR504, this office is reasonably satisfied the offender committed the offenses and recommends the grievance be denied. However, it appears the Adjustment Committee erroneously put the information from C/O Anastascio's IDR, into the Basis for Decision of C/O Ragusa's IDR and vice versa. Adjustment Committee Staff are to correct this and provide Offender Crawford with copies of the corrected Summaries. Additionally, Warden's Bulletin 2014-92 is cited for both 404 charges written.

FOR THE BOARD:

Administrative Review Board Office of Inmate Issues

I concur. Adj, Comm. is to proceed as outlined above.

John R. Baldwin

Acting Director

Warden, Stateville Correctional Center Adj. Comm., Stateville Correctional Center Jim Laris, Stateville Correctional Center

Deandre Crawford, Register No. M30080

Benton, Sherry

From:

Best, Charles

Sent:

Wednesday, October 12, 2016 11:09 AM

To:

Benton, Sherry

Subject:

RE: I/M Deandre Crawford M30080

Mach of 2016 the committee was informed that mental health wasn't required to sit on the committee if the offender wasn't receiving any segregation time.

From: Benton, Sherry

Sent: Wednesday, October 12, 2016 10:37 AM

To: Best, Charles

Subject: I/M Deandre Crawford M30080

Lt. Best,

I/M Crawford, M00380, received two tickets back in March/2016.

On both summaries (201601016/1-STA) and (201601028/1-STA) you cite that I/M Crawford is SMI. I don't see where a MHP sat in on this Committee.

Was one there?

Sherry Benton
Inmate Issues / Administrative Review Board

Concordia Court

Phone: 217-558-2200 ext 2061

Fax: 217-558-5607

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RECEIVED

Proof of Service.

MAY 0 3 2016 ADMINISTRATIVE REVIEW BOARD

I De Andre Crawford hereby do Swear under poutate penalty of persury. On April 29,2016 did place the following documents in the Stateville Correctional Center mail service. I have mailed grievance STA#1742, with grievance officer's report, Deportment of corretions adjustment committee final Summary Signed Affidavit from Raymond King, and offender Disciplinary Report. To be mailed to the ARB board. To & Administrative Review Board P.O. BOX 19277 Springfield, IL. 62794-9277 Respectfully De Andre Crawford Subscribed and sworn to before me this 29th April, 2016. Janid Hansfield DAVID MANSFIELD NOTARY PUBLIC, STATE OF ILLINOIS

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

, K	Grievance Offic	cer's Report	
Date Received: 4/15/1	6 Date of Review:	4/18/16	Grievance # (optional): 1742
Committed Person: DeAnd	re Crawford	2408	ID#: <u>М30080</u>
Nature of Grievance:	DR – 201601028/1-STA	P	RECEIVED
			MAY 0 3 2016
			ADMINISTRATIVE
			REVIEW BOARD
Facts Reviewed: Grieval received one month each report expunged.	nt was issued a DR for 202, 30 c grade, commissary restriction	4 and 404 on 3/18/16 a n and \$5.06 in restitutio	and was found guilty and on. He wants the disciplinary
reasonably satisfied of the	at DR was reviewed and detern e offender's guilt. Grievance Oft DR upheld, disciplinary sanctio	ficer cannot substantia	nt Committee that they are te the incident occurred any posed are within max capacity.
	<i>y</i> 8		
Recommendation: Base DENIED. Unable to subst	d upon a total review of all avai tantiate this incident occurred a	ilable information, it is name it	recommended that grievance be orted.
	McBee, CCII ance Officer's Name	annu)	ance Officer's Signature
	ach a copy of Committed Person's Grievance	, including counselor's response	if applicable) 1
Date Received: 4///	Chief Administrative C	Officer's Response	☐ Remand
	(1)	Q	7/20/16
Chief Administrative C	Committed Person's Ap	opeal To The Director	Date
Chief Administrative Officer's decisi		derstand this appeal must be s O. Box 19277, Springfield, IL 62	ubmitted within 30 days after the date of the 2794-9277. (Attach a complete copy of the
De Andre	Cauford mitted Person's Signature	<u>M30080</u>	4/28/16 Date

Distribution: Master File; Committed Person

Page 1

ARB - Crawford DOC 0047 (Eff. 10/2001) 000085 DC 5657)

Exhibit A. Affidavit **ELEMOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE** DREVIEW BOAR (Please Print) DEANARE M30080 +CV NATURE OF GRIEVANCE: Personal Property Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation ☐ Stuff Conduct ☐ HIPAA Dietary ☐ Medical Treatment Transfer Denial by Transfer Coordinator ☐ Transfer Denial by Facility Other (specify): APR 15 2016 Disciplinary Report: 0 Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status Complete: Attach a copy of any pertinent document (such as a Dissiplinary Report, Shakedown Record, etc.) and send to: Councelor, unless the lesus involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Original desired the lesus involves discipline at the present facility or lesus not resolved by Councelor. Chief Administrative Officer, only if RMERGENCY grievence.

Administrative Review Board, only if the Issue Involves transfer denial by the Transfer Coordinator, protective custody, involuntary administrative Review Board, only if the Issue Involves transfer denial by the Transfer Coordinator, protective custody, involuntary administrative Officer. Summary of Grievatice (Provide Information Including a description of what happened, when and where it happe e or identifying information theviewal nooned do 3/17 Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. us on reverse side if necessary) Counselor's Response (V applicable) Date Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Received: ■ Send directly to Grievance Officer Response:

Counselor's Bignature

Distribution: Master File; Offender

Print Counselor's Name

Page 1

DOC 0046 (8/2012)

Date of Response

OFFENDER'S GRIEVANCE (Confinued)

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Leaving the ticket with clo Veneralle Rad me.
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DOC 9046 (8/2)

RECEIVED

AFFidavil

MAY 0 3 2016

ADMINISTRATIVE

I Raymond King Nsyoy3 dohereby STate That on 3-17-16 inmate Rawfold was will Then a disciplingly Report for having his shoe STRing &s Tied TO water bottle Resembling a nouse. On 3-18-16 again inmate chawfold was whitten a desceptinaly Report for having his shoe STRINGS Tied TO water bottle Resembling andose, officed anastacio and Officer Ragusa whore These Report claiming he had a line in with Bed sheets tes his cell mate that is a lie on 3-22-16 I and charofoldwent to the adjustment committee where crawford told LT. Best he had ShoesThings E. of LT. Best Toldine champand Said he had Shoe STRING which I confirmed Theyworks Shore STRINGS.

I declare under penalty of persons

me april 14,2016

Raymond Xing

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS ADJUSTMENT COMMITTEE

FINAL SUMMARY REPORT

MAY 0 3 2016

ELE VELEVEL

ADMINISTRATIVE REVIEW BOARD

Race: BLK

Orientation Status: N/A

IDOC Number: M30080

Hearing Date/Time: 3/22/2016 08:45 AM

Name: CRAWFORD, DEANDRE

Living Unit: STA-B-04-08

Final

Incident Number:	201601016/1 - STA	Status: F

Date	Ticket #	Incide	nt Officer	Location		Time
3/17/2016	201601016/1-STA	ANAST	ACIO, MARC T	B-HOUSE		06:40 PM
Offense	Viola	tion			Final Result	
202	Dama	ge Or Misu	se of Property	•	Guilty	
304	Insolence			Guilty		
404	Violat	ion Of Rule	S		Guilty	
	Comn	nents:none	specified			
Witness 1	Type Witnes	s ID	Witness Name		Witness Status	

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 pleads not guilty and states no line was up.

BASIS FOR DECISION

R/O reflects inmate Crawford M30080 had a line made out of a torn bed sheet tied around the cell bars and the top bunk. When ordered to take the line down inmate Crawford M30080 stated 'it's your job to take it and it's my job to make it.' I'm gonna put another line back up when you leave.'

Inmate Crawford M30080 violated Wardons Bulletin #2014-92 cell compliance.

Shakedown records indicate a 12 foot long cloths line was taken from cell B408 on 3/18/16.

Inmate Crawford M30080 identified by ID card.

The committee is satisfied that inmate Crawford M30080 did in fact violate the charges cited.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	*	FINAL			
3 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other: SMI	3 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other: SMI				
3 Months Commissary Restriction Basis for Discipline:NATURE OF OFFENSE	3 Months Commissary	Restriction			
Signatures Hearing Committee					
BEST, CHARLES F - Chair Person		03/22/16	BLK		
DEOT, OTHER STORY	Signature	Date	Race		
VENERABLE, WENDELL M		03/22/16	BLK		
		Date	D		
VEHELO (SEE, IVEHELO)	Signature	Date	Race		

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS **ADJUSTMENT COMMITTEE**

FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:45 AM

Run Date: 4/15/2016 10:57:51

Living Unit: STA-B-04-08

Orientation Status: N/A

Incident Number: 201601016/1 - STA

Status: Final

03/28/16 RANDY S PFISTER / NRL 3/28/2016

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

KATHY J BOGGESS

4/11/2016

10:30 AM

Employee Serving Copy to Committed Person

When Served -- Date and Time

504°	
ILLINOIS DEPARTMENT OF CORRECTIONS	
Type of Report: Offender Disciplinary Report StrateJuc Date: 8/17/16	
☑ Disciplinary ☐ Investigative Facility	4
Offender Name: CRANCED, DEANDRE. 10# M 30080	
Observation Date: 3/17/16 Approximate Time: GAO Dam. Location: STA BAOS	DECEMED
Offensels): DR 504: 2008 DAMINGE DR MISUSE OF PROPERTY 304 INSIGNCE 404 VIOLATION OF ROLE	MECELVAL
Observation: (NOTE: Each offense Identified above must be substantiated.) On the ADOR DATE AND THROUGH OF TIME,	MAY 0.3 2016
evining from the part of the our to the apply, compet line was more out of a toral	A DAMINICTE ATIVE
STATE LINE SHEET APPROXIMENTLY BO OF LAND. THIS RIO, M. AMPTACIO & 3982 COMPSOMITED	ADMINISTRATIVE
THE vine AND 15TUED A SHAKENDERN OLIP. THE RED ADVISED YM CHANTOUD AM 30080 TO NOT DUT A CHONEC LINE. YM CHANTOUT RESPONDED WITH "I WILL TONDEROW." BADD HOUSES HOMETES	KEVILVVDO
CHAMPORD 4 M3000 & KING & 154043. KIL'S IDENTIFIED BY STATE OUT. WARREN'T BULLETIN & 2019-12	
STATES THAT " #4 THERE ARE TO BE 10 LINES. "ANY INTERED IN THE DELL. THIS RIO IS REQUESTING	
RESTITUTION FOR THE TORN STATE LINEN SHEET THAT WAS USED AS CLOTHEY LINE. COMMANDARY DISPOSED OFF.	
Witness(es): B. CARNAHAN	
To Check If Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses. May 1790 0 9992 May 3/17/16 750 Burn.	
M. ANASTACIO STOTE MAIN Date Time Reporting Employee (Print Name) Badge # Signature Date Time	
Disciplinary Action:	
Shift Review: Temporary Confinement Investigative Status Reasons:	
Printed Name and Badge # Shift Bupervisor's Signature Date (For Transition Centers, Chief Administrative Officer)	
Reviewing Officer's Decision: Confinement reviewed by Reviewing Officer Comment:	
Major Infraction, submitted for Hearing Investigator, If necessary and to Adjustment Committee Minor Infraction, submitted to Program Unit	
Minor Infraction, submitted to Program Unit May Los Key 773 Print Reviewing Officer's Name and Sadge # Reviewing Officers Signature Date	
Hearing Investinator's Review Required (Adult Correctional/Facility Major Reports Offy):	
Print Hearing Investigator's Name and Bedge # Hearing Investigator's Signature Date	
Procedures Applicable to eli Hearings on invertigative and Disciplinary Reports You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such	
ns records or documents. Proportures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports	
You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to teatify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could teatify to by filling out the appropriate space on this form, tearing it off, and returning to the the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense, You may request a reasonable extension of time to prepare for your hearing.	
☑ Check if offender refused to sign /	· / ,
F WI Self Signature 5256 F. Mills	
Serving Employee (Print Name) Signature Signature Signature	
Date Served Time Served Time Served I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.	
Offender's Signature 12#	
	-
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)	
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing) Date of Disciplinary Report Print offender's name ID#	
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)	
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing) Date of Disciplinery Report Print offender's name I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinery Report	-
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing) Date of Disciplinery Report Print offender's name ID# I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinery Report of the above date: Print Name of witness Witness badge or ID# Assigned Cek This (Fapplicable)	
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing) Date of Disciplinery Report Print offender's name ID# I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinery Report of the above date: Print Name of witness Witness badge or ID# Assigned Celig Title (If applicable) Witness can testify to: Print Name of witness Witness badge or ID# Assigned Celig Title (If applicable)	
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing) Date of Disciplinery Report I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date: Print Name of witness Weness badge or ID# Assigned Cek (If applicable) Witness can testify to:	
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing) Date of Disciplinery Report Print offender's name I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinery Report of the above date: Print Name of witness Witness badge or ID# Assigned Cell (if applicable) Print Name of witness Witness badge or ID# Assigned Cell (if applicable) Title (if applicable)	

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

IDOC Number: M30080

MAY 0 3 2016 **ADMINISTRATIVE**

REACE BAKBOARD

Orientation Status: N/A

Name: CRAWFORD, DEANDRE

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-04-08

Status: Final Incident Number: 201601028/1 - STA

Date	Ticket #	Incide	nt Officer	Location		Time
3/18/2016	201601028/1-STA	RAGU	SA, TERRENCE M	B-HOUSE		03:50 AM
Offense	Viola	tion			Final Result	
202	Dama	ge Or Misu	use of Property		Guilty	
304	Insole	nce			Guilty	
404	Violati	on Of Rule	es		Guilty	
Witness 1	ype Witnes	s ID	Witness Name		Witness Status	

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 states it was a shoe string hanging.

BASIS FOR DECISION

R/O observed a clothes line approximately 100ft long made out of a state issued sheet running from the front of the cell to

Inmate Crawford M30080 admitted to having a line hanging up.

Shakedown record reflects a clothes line approximately 100ft long was taken from cell B408 on 3/17/16.

R/O advised inmate Crawford M30080 not put a clothes line up, Inmate Crawford M30080 stated 'I will tomorrow.'

Inmate Crawford M30080 identified by ID card.

The committee is satisfied that inmate Crawford M30080 did in fact violate the charges cited.

DISCIPLINARY ACTION (Consecutive to any priors)

	FINAL			
1 Months C Grade Restitution of \$ 5.06 Pa Other : SMI	Restitution of \$ 5.06 Paid to STATEVILLE CC			
1 Months Commissary				
	03/22/16	BLK		
Signature	Date	Race		
	03/22/16	BLK		
Signature	Date	Race		
	Restitution of \$ 5.06 Pa Other : SMI 1 Months Commissary	1 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other: SMI 1 Months Commissary Restriction 03/22/16 Signature Date		

Final Comments: N/A

Run Date: 4/15/2016 10:58:34

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-04-08

Orientation Status: N/A

Incident Number: 201601028/1 - STA

Status: Final

03/28/16

RANDY S PFISTER / NRL 3/28/2016 Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

KATHY J BOGGESS

4/11/2016

10:30 AM

Employee Serving Copy to Committed Person

When Served -- Date and Time

9 - 10001	· del .		5408	
1000/	amount of the control	MENT OF CORRECTIONS.		-11
Typy of Report: Disciplinary Investigative	Statevill	ciplinary Report L Facility	Date:	3/18/16
Offender Name: Crawford	Deandre		ID#: M3008	0
Observation Date: 3/19/16	Approximate Time: 3	3.50 2 a.m. L	ocation: Bravo	408
	lumage or misuse of f	2	solence 404 Viole	ation of Rules
Observation: (NOTE: Each offense icentifie	od above must be substantiated.)	On the above deci	te and approx. the	ne this No
T. Raguer was conducti	ng the 3,30 pm cou	and with clock	mahan Upon pa	And the Contract of the Contra
noticed a torn bed Sheet	5 inmate Crawford			Cell barsand the
top bunk. This Rlo order	ed I'm Crawford	to take down the	torn liven and hand	ittohim. Im
Crawford Stated "IT'S you	ripolo totateit, and	its my gob toma	keit." He then sto	ited Fin goods
putanether line backup wh this Rlo. This Rlo requi				
are in direct violation of	fwardens Bolletin-	#2014-92 Cell Co	ompliance, Line 4.	of the wordens
bullient States "There an		1 wherein the C	ell." Shake down	slips were
Witness(es): CIO B. Carnal **Check if Offender Diecipilnar		8, is attached to describe ad	ditional facts, observations	or witnesses.
T. Ongusa	11594	1101	- 3/18/16	520 Ll a.m.
Reporting Employee (Print Name)		eture	Date	Time
Child Baulana Partomorphy Confirm	_	narv Action: s Status Reasons.		
Shift Review: Temporary Confine				
Printed Name and Badge#	. (For Tra	upervisor's Signature ansition Centers, Chief Admi		Date
Reviewing Officer's Decision: C C Major Infraction, submitted for He			nment:	
Minor-Infraction, submitted to Bro	11	1		318/10
Print Reviewing Officer's Name and Bedge	# Reviewir	ng Officer's Signature		Date
Hearing investigator's Review F	teguired (Adult Correctional)	acility Major Reports Only):		3/19/16
Print Hearing Investigator's Name and Bas		Investigator's Signature		Date
You have the right to appear and present a w	res Applicable to all Hearings ritlen or oral statement or explan	on/investigative and Disc nation concerning the charge	iplinary Reports es. You may present relevat	nt physical material such
as records or documents. Procedures Applica	ble to Hearings Conducted by	y the Adjustment Committ	tee on Disciplinary Report	5
You may ask that witnesses be interviewed a questioned along lines you suggest. You mut eatily to by fitting out the appropriate space o unable to prepare a defense. You may reque	st indicate in advance of the has n this form, testing it off, and rai	anng the withosees you wan turning II to the Adjustment (Committee. You may have	
Check if offender refused to sign			17	
F. Wilso	flender's Signature	5259		mula)
Serving Employee (Print Name)	1/9/12 Bridge #	1033	Signature Da.m. Da.m.	1
Date Se		ime Served		
LI I hereby ag	ree to waive 24-hour notice	e or charges prior to the	з фэфиня у пастир.	
Offender's Signature		ID#		
(Detech and R	eturn to the Adjustment Co	mmittee or Program Unit	Prior to the Hearing)	
Date of Disciplinary Report	Print offender's nam	10	1D#	
am requesting that the Adjustment Con of the above date:	C. C. S. A. C. S.		g witnesses regarding the	e Disciplinary Report
Print Name of witness	Witness badge or iD#	Ageigned Cell (Eleppikable)	Title (if applicable)	
Witness can testify to:		(= ahlunand)		
Print Name of witness	Witness badge or ID#	Assigned Call (if applicable)	Title (if applicable)	
Witness can testify to:	s.	rthinnest		
	Page 1	_of_ Z		DOG 0947 (F
Distribution: Master File Offender Fecility (2)	Printed or	in Recycled Paper		DOC 0317 (Rev. 2/2007)

MAY 0 3 2016 ADMINISTRATIVE REVIEW BOARD

500g
Sent : 1016/1-54 : 15408
ILLINGIS DEPARTMENT OF CORRECTIONS
Offender Disciplinary Report Type of Report: Date: 17/10
☑ Disciplinary ☐ Investigative Facility
Offender Name: CRANTORD, DETAIDRE 10#: M 30080
Observation Date: 3/17/16 Approximate Time: GAO Da.m. Location: STM BAOS
Offenseles): DR 504: 2002 DAMAGE OR MIDIR OF PROPERTY 2004 INSDEASE 404 VIOLATION OF ROLES
Observation: (NOTE: Each offense identified above must be substantiated.) ON THE ABOVE DATE AND APPROXIMATE TIME,
THUS AND WAS CONDUCTING GOLD CHACKE ON THE PHILEDY WHEN THIS AND DESCRIPT A CREMES LINE
stare lines sheet approximately bo or was . This RD. M. Americio & 3982 confusioned
THE LINE AND LITURY A GHAMMASHY GLIP. THIS RYD ADVISED YM CHANHOOD & MODERN TO NOT
DIT A CLOTHER LINE. YM CHRANTONIA RESPONSED WITH "I MILL TOMORROW," BACK HOUSER IMMARES
OTHER THAT "44 THERE ARE TO BE NO LINES. "ANYMATER IN THE DELL, THE RAD IS REQUESTING.
positivition for the town small liner sheet that was used as clother line, compassing
DISTOSOD OFF.
Witness(es): B. CARNARA. Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.
M. AMOGRACIO (3982 MONL) 3/17/16 750 Bern
Reporting Employee (Print Name) Badge # Signature Date Time
Disciplinary Action:
Shift Review: Temporary Confinement Investigative Status Reasons:
Printed Name and Badge # Shift Supervisor's Signature Date (For Transition Centers, Chief Administrative Officer)
Reviewing Officer's Decision: Confinement reviewed by Reviewing Officer Comment:
Major Infraction, submitted for Hearing Investigator, If necessary and to Adjustment Committee
Minor infraction, submitted to Program Unit M. W. K. G. C. W. G. T. C. S. C.
Print Reviewing Officer's Name and Sadge # Reviewing Officer's Signature Date
Hearing investigator's Review Required (Adult Corrections) Facility Major Reforts (My):
Print Hearing Investigator's Alame and Badge # Hearing Investigator's Signature Date
Procedures Applicable to all Hearings on investigative and Disciplinary Reports
You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.
Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to teetify during your hearing. You may ask that witnesses be
questioned along tines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, teading it off, and returning it to the Adjustment Committee. You may have staff assistance if you are
unable to prepare a defence. You may request a reasonable extension of time to prepare for your hearing. Z. Check if offender refused to sign /
Offender's Signature 5354
Sarving Employee (Print Name) Badge # Signature
Date Served Time Served
I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.
Offender's Signature
(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)
Date of Disciplinary Report Print offender's name ID#
I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:
Print Name of witness Witness badge or ID# Assigned Cell Thie (if applicable)
Witness can testify to:
Print Name of witness Witness badge or ID# Assigned Cell Title (if applicable) (if applicable)
Witness can testify to:
PageOf Distribution: Master File
Offender Facility (2)

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:45 AM

Living Unit: STA-B-06-20

Orientation Status: N/A

Incident Number: 201601016/1 - STA

Status: Final

Date	Ticket #	Incident Officer	Location	Time
3/17/2016	201601016/1-STA	ANASTACIO, MARC T	B-HOUSE	06:40 PM
Offense	Viola	tion	Final R	Result
202	Dama	ge Or Misuse of Property	Guilty	
304	Insole	nce	Guilty	
404	Violati	on Of Rules	Guilty	
	Comm	ents:none specified	· ·	
Witness Ty	ype Witnes	s ID Witness Nam	e Witness S	tatus

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 pleads not guilty and states no line was up.

BASIS FOR DECISION

R/O reflects inmate Crawford M30080 had a line made out of a torn bed sheet tied around the cell bars and the top bunk. When ordered to take the line down inmate Crawford M30080 stated 'it's your job to take it and it's my job to make it.' 'I'm gonna put another line back up when you leave.'

Inmate Crawford M30080 violated Wardens Bulletin #2014-92 cell compliance.

Shakedown records indicate a 12 foot long cloths line was taken from cell B408 on 3/18/16.

Inmate Crawford M30080 identified by ID card.

The committee is satisfied that inmate Crawford M30080 did in fact violate the charges cited.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	FINAL			
3 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other : SMI	3 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other: SMI			
3 Months Commissary Restriction	3 Months Commissary Restriction			
Basis for Discipline:NATURE OF OFFENSE				
Signatures Hearing Committee				
BEST, CHARLES F - Chair Person		03/22/16	BLK	
	Signature	Date	Race	
VENERABLE, WENDELL M		03/22/16	BLK	
	Signature	Date	Race	
Recommended Action Approved				

Run Date: 10/12/2016 10:29:55 Page 1 of 2 ARB - Crawford 000096

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS **ADJUSTMENT COMMITTEE**

FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:45 AM

Living Unit: STA-B-06-20

Orientation Status: N/A

Incident Number: 201601016/1 - STA

Status: Final

03/28/16 RANDY S PFISTER / NRL 3/28/2016 Chief Administrative Officer Signature Date The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F. 4/11/2016 10:30 AM KATHY J BOGGESS **Employee Serving Copy to Committed Person** When Served -- Date and Time

1 / 2 cm	ed-1	15408	
· / 1000/1	ILLINOIS DEPARTMENT OF CORRECTIONS		/ /
Type/of Report:	Offender Disciplinary Report	Dote	3/19/16
Disciplinary investigative	Facility		
Offender Name: Crawford, O	eandre	10#: <u>M3009</u>	30
Observation Date: 3/18/16 Ar	pproximate Time: 3.50 Ba.m.	Location: Bravo	408
	age or misuse of Property 304:	Ensalence 404V:-1	ation of Rules
Observation: (NOTE: Each offense identified abo	we must be substantiated.) On the above	date and abbux ti	me this Ro
T. Pagusa was conducting !		1 1-	esing Call
Brayo 408 which housed in	mate Crawford, D#M300BC Drox:natlu 12 Feet intenth. It.		4 11 1
top bunk. This Rlo ordered	-1. 1 1 1 1 1 1 1	Jastied around the the torn liven and have	Cell barsand the
Crawford Stated "It's your's	ab to take it, and its mundo to		sted I'm grana
putanether linebackupwhen.	Invience. "Am Crawford then +	bok down the line ar	ed gave it to
this RIO. This RIO requests		linen, Ilm Crawfor	od and ting
are in direct violation of wo bullbert States" There are to		1 Compliance, Line 4	of the wardenc
Witness(es): Clo B. Camahar		e Cell." Shake down	slips were
	Ninuation Page, DOC 0318, is attached to describ	e additional facts, observations	or witnesses.
T. Ragusa	11494	3/18/16	520 Qam.
- released multiplace (LING LENG)	Bedge # Signature	Date	Time
a. 16. m. 1	Disciplinary Action:		
Shift Review: Temporary Confinement	Investigative Status Reas	ons:	
Printed Name and Badge #	Shift Supervisor's Signature (For Transition Centers, Chief,	Administrative Officer)	Date
Reviewing Officer's Decision: 🔲 Confin	ement reviewed by Reviewing Officer	Comment:	
Major Infraction, submitted for Hearing	Investigator, if necessary and to Adjustr	nent Committee	
Thinor-Impaction, submitted to Brogram	1 Unit		3/8//
Print Reviewing Officer's Name and Badge #	Reviewing Officer's Signature		Date
C. C.	. 1		21
Hearing investigator's Review Regul	Ired (Adult Correctional Facility Make Recorts O	9 ³ 9).	3/19/14
rint Hearing Investigator's Name and Badge #	Hearing Investigator's Signatu	ra	Date
Procedures Ap Ou have the right to appear and present a written of	pplicable to all Hearings on/investigative and		fr nt abusing material such
is records or documents.	•		
ou may ask that witnesses be interviewed and, if r	o Hearings Conducted by the Adjustment Corr necessary and relevant, they may be called to tee	tify during your hearing. You ma	ry ask thet witnesses be
restioned along lines you suggest. You must indic sally to by filling out the appropriate space on this:	form, tearing it cit, and returning it to the Adjustm	ent Committee. You may have:	ecify what they could staff assistance if you are
nable to prepare a defense. You may request a re Check if offender refused to sign	asonable extension of time to prepare for your tw	saring.	
· · · · · · · · · · · · · · · · · · ·	n's Signature	ID#	with a
serving Employee (Print Name)	Badge # 37	Signature	[[[l.l.sof]]
_3//	19/171033-	Ografia	1 #
Date Served	Time Served waive 24-hour notice of charges prior to	•	*
Tit noigny alige it	личто житлом поисо от спацуев phor to	тыз стэскрипету пеанпд.	
Offender's Signature	ID#		-
(Batach and Paturn	to the Adjustment Committee or Program	init Orior to the Vesting)	THE THE SHE WE SEE SEE SHE SHE WE WITH THE NAME AND AND AND AND AND AND
/∞oracii auri t/a(atti	on the conference of any other conference of a conference of the c	our chò to nà ussimili	
Date of Disciplinary Report	Print offender's name	(D#	
am requesting that the Adjustment Committe of the above date:	e or Program Unit consider calling the follow	wing witnesses regarding the	Disciplinary Report
rini Name of witness	Witness badge or ID# Assigned Call (if applicable)	Title (if applicable)	
Vitness can teatify to:			
rint Name of witness	Witness hadre or the		
uin izaulo di Milbezz	Witness badge or ID# Assigned Cell (if applicable)	Title (if applicable)	
Vitness can testify to:		List the reserve and a second	
and the state of t	Page of Z		
istribution: Master File Offender Fædiky (2)	Front on Recycled Paper		DOC 0317 (Rev. 2/2007)
Enalle (70)			

ILLINOIS DEPARTMENT OF CORRECTIONS Offender Disciplinary Continuation Page

Statevil	le-	
☑ Disciplinary Report ☐ Investigative Report	Facility Disciplinary Summary	Adjustment Committee Summary
Report/Incident Date: 3/18/16	Incident # (If applicat	ole):
Offsnder Information:		
Offender Name: Crawford, Deandre	ID#: <u>· M</u>	136080
Use the space below to provide any additional inform	nation. <u>discorded</u> . Inmates	were identified by
State i soved I.D. Cards.		'
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Distribution: Master File, Offender, Facility (2) Printed on Resycled Paper

DOC 0318 (Eff. 8/2008) (Replaces DC 7212) ARB - Crawford 000099

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS **ADJUSTMENT COMMITTEE**

FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-06-20

Orientation Status: N/A

CINIAI

Incident Number: 201601028/1 - STA

Status: Final

Date	Ticket #	Incident Officer	Location	Time	
3/18/2016	201601028/1-STA	RAGUSA, TERRENCE M	B-HOUSE	03:50 Al	VI
Offense	Viola	tion		Final Result	
202	Dama	ge Or Misuse of Property		Guilty	
304	Insole	nce		Guilty	
404	Violati	on Of Rules		Guilty	
Witness T	ype Witnes	s ID Witness Name	,	Vitness Status	

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 states it was a shoe string hanging.

BASIS FOR DECISION

R/O observed a clothes line approximately 100ft long made out of a state issued sheet running from the front of the cell to

Inmate Crawford M30080 admitted to having a line hanging up.

Shakedown record reflects a clothes line approximately 100ft long was taken from cell B408 on 3/17/16.

R/O advised inmate Crawford M30080 not put a clothes line up, Inmate Crawford M30080 stated 'I will tomorrow.'

Inmate Crawford M30080 identified by ID card.

The committee is satisfied that inmate Crawford M30080 did in fact violate the charges cited.

DISCIPLINARY ACTION (Consecutive to any priors) DECONSTRUCTION

FINAL				
Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other : SMI Months Commissary Restriction				
	03/22/16	BLK		
Signature	Date	Race		
	03/22/16	BLK		
Signature	Date	Race		
	Restitution of \$ 5.06 Pai Other : SMI 1 Months Commissary F	Restitution of \$ 5.06 Paid to STATEVILLE CC Other: SMI 1 Months Commissary Restriction 03/22/16 Signature Date 03/22/16		

Final Comments: N/A

Run Date: 10/12/2016 10:30:02 Page 1 of 2 ARB - Crawford 000100

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-06-20

Orientation Status: N/A

Incident Number: 201601028/1 - STA

Status: Final

RANDY S PFISTER / NRL 3/28/2016
Chief Administrative Officer
Signature
Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

KATHY J BOGGESS
4/11/2016
10:30 AM
Employee Serving Copy to Committed Person
When Served -- Date and Time

State of Illinois -- Department of Corrections Disciplinary Tracking Inmate Disciplinary Card

Name: CRAWFORD, DEANDRE

Run Date: 10/12/2016 10:29:10

IDOC # : M30080

1 Months Commissary Restriction

Transferred In: 20	012-07-17 Disciplinary Hist	ory from 1/1/1998 throu	ough 10/12/2016 Living Unit: STA/B /06/20	
Incident Date Incident/Summ#/In: Ticket Type	st. Offense Codes, Descriptio	one	Diocializani Action	
	Oriense Codes, Descriptio	DIES	Disciplinary Action	
10/24/2014	206 Intimidation Or Threats	<u>Guilty</u>	Other: SMI	
201403346/1-STA	Reduced to: 304	to: 304	1 Months Commissary Restriction	
Major				
3/17/2016	202 Damage Or Misuse of Property	Guilty	3 Months C Grade/Level	
201601016/1-STA	304 Insolence	Guilty	Restitution of \$ 5.06 Paid to STATEVILLE (
Major	404 Violation Of Rules	Guilty	Other: SMI	
	Comments: none specified		3 Months Commissary Restriction	
3/18/2016	202 Damage Or Misuse of Property	Guilty	1 Months C Grade/Level	
201601028/1-STA	304 Insolence ·	<u>Guilty</u>	Restitution of \$ 5.06 Paid to STATEVILLE (
Major	404 Violation Of Rules	Guilty	Other: SMI	

Page 1 of 1

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS **ADJUSTMENT COMMITTEE** FINAL SUMMARY REPORT

Name: KING, RAYMOND E

IDOC Number: N54043

Race: BLK

Hearing Date/Time: 3/22/2016 08:50 AM

Living Unit: STA-F-02-07

Orientation Status: N/A

Incident Number: 201601026/1 - STA

Status: Expunged Final

Date	Ticket#	Incident Officer	Location	Time
3/17/2016	201601026/1-STA	ANASTACIO, MAR	CT B-HOUSE	06:40 PM
Offense	Viola	tion		Final Result
202	Dama	ge Or Misuse of Proper	ty	
304	Insole	nce		
404	Violati	on Of Rules		
	Comm	ents:none spėcified		
Witness 1	Type Witnes	s ID Witnes	s Name	Witness Status

No Witness Requested

RECORD OF PROCEEDINGS

Inmate King N54043 present and DR read. Inmate King N54043 pleads not guilty.

BASIS FOR DECISION

Cellmate Crawford M30080 admits to guilt.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	FINAL					
	EXPUNGED					
Basis for Discipline:						
Signatures						
Hearing Committee						
BEST, CHARLES F - Chair Person		03/22/16	BLK			
·	Signature	Date	Race			
VENERABLE, WENDELL M		03/22/16	BLK			
	Signature	Date	Race			
Recommended Action Approved						
inal Comments: N/A						
	ALL CONTROL OF THE CO	03/25/16				
RANDY S PFISTER / NRL 3/25/2016						
Chief Administrative Officer	Signature	Date				
he committed person has the right to appeal an adverse decisi	on through the grievance procedure establishe	d by Department Rule 504	1: Subpart f			
KATHY J BOGGESS	4/11/2016	10:30 AM				
Employee Serving Copy to Committed Person	When Served Date	and Time				

Run Date: 10/12/2016 11:57:27 ARB - Crawford 000103 Page 1 of 1

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: KING, RAYMOND E

IDOC Number: N54043

Race: BLK

Hearing Date/Time: 3/22/2016 08:52 AM

Living Unit: STA-F-02-07

Orientation Status: N/A

Incident Number: 201601029/1 - STA

Status: Expunged Final

Date	Ticket #	Incident Officer	Location	Time
3/18/2016	201601029/1-STA	RAGUSA, TERRENCE M	B-HOUSE	03:50 PM
Offense	Viola	tion	Final F	Result
202	Dama	ge Or Misuse of Property	177/1001 1	
404		on Of Rules nents:none specified		
Witness T	Type Witnes	s ID Witness Name	Witness S	tatus

No Witness Requested

RECORD OF PROCEEDINGS

Inmate King N54043 present and DR read. Inmate King N54043 pleads not guilty.

BASIS FOR DECISION

Cellmate Crawford M30080 admits to guilt.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED		FINAL	
	E X P U N G E D		***************************************
Basis for Discipline:			
Signatures			*********
Hearing Committee			
BEST, CHARLES F - Chair Person	7.00	03/22/16	BLK
	Signature	Date	Race
VENERABLE, WENDELL M		03/22/16	BLK
Recommended Action Approved	Signature	Date	Race
Final Comments: N/A			
RANDY S PFISTER / NRL 3/25/2016		03/25/16	
Chief Administrative Officer	Signature	Date	· · · · · ·
he committed person has the right to appeal an adverse decis	sion through the grievance procedure establishe	d by Department Rule 504	: Subpart
KATHY J BOGGESS	4/11/2016	10:30 AM	
Employee Serving Copy to Committed Person	When Served Date	and Time	_

Run Date: 10/12/2016 11:57:35 ARB - Crawford 000104 Page 1 of 1



John Baldwin Acting Director

The Illinois Department of Corrections

doze 10/25/16 1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

October 12, 2016

Deandre Crawford Register No. M30080 Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on May 3, 2016, regarding two (2) disciplinary reports dated March 17th and 18th of 2016, which was alleged to have occurred at Stateville Correctional Center. This office has determined the issues will be addressed without a formal hearing.

This office has reviewed your grievance dated April 12, 2016 regarding the above issued reports and claims your due process rights were violated as no Psyche Doctor sat during your Adjustment Committee Hearings.

The Grievance Officer's Report (1742) and subsequent recommendation dated April 18, 2016 and approval by the Chief Administrative Officer on April 20, 2016 have been reviewed.

This office reviewed the disciplinary report dated March 17, 2016 written by C/O Anastacio citing Crawford for the offenses of 202, 304 and 404; along with the corresponding Adjustment Committee Summary (201601016/1-STA).

This office reviewed the disciplinary report dated March 18, 2016 written by C/O Ragusa citing Crawford for the offenses of 202, 304 and 404; along with the corresponding Adjustment Committee Summary (201601028/1-STA).

Per contact with Stateville Staff, at the time of these Hearings, a MHP was not required to sit on the Adjustment Committee.

Based on a total review of all available information and a compliance check of the procedural due process safeguards outlined in DR504, this office is reasonably satisfied the offender committed the offenses and recommends the grievance be denied. However, it appears the Adjustment Committee erroneously put the information from C/O Anastascio's IDR, into the Basis for Decision of C/O Ragusa's IDR and vice versa. Adjustment Committee Staff are to correct this and provide Offender Crawford with copies of the corrected Summaries. Additionally, Warden's Bulletin 2014-92 is cited for both 404 charges written.

FOR THE BOARD:

Sherry Benton

Administrative Review Board

Office of Inmate Issues

I concur. Adj. Comm. is to proceed as outlined above.

John R. Baldwin

Acting Director

CC:

Warden, Stateville Correctional Center Adj. Comm., Stateville Correctional Center Jim Laris, Stateville Correctional Center Deandre Crawford, Register No. M30080

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS ADJUSTMENT COMMITTEE **FINAL SUMMARY REPORT**

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-06-09

Orientation Status: N/A

Incident Number: 201601028/3 - STA

Status: Final

Date	Ticket#	Incident Of	fficer ·	Location		Time
3/18/2016	201601028/1-STA	RAGUSA, T	ERRENCE M	B-HOUSE		03:50 AM
Offense	Viola	tion			Final Result	
202	Dama	ge Or Misuse of	f Property		Guilty	
304	Insole	nce			Guilty	
404	Violat	on Of Rules			Guilty	
Witness 7	Type Witnes	s ID	Witness Name		Witness Status	

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 states it was a shoe string hanging.

BASIS FOR DECISION

R/O reflects inmate Crawford M30080 had a line made out of a torn bed sheet tied around the cell bars and the top bunk. When ordered to take the line down inmate Crawford M30080 stated "it's your job to take it and it's my job to make it." I'm gonna put another line back up when you leave.'

Inmate Crawford M30080 violated Wardens Bulletin #2014-92 cell compliance.

Shakedown records indicate a 12 foot long cloths line was taken from cell B408 on 3/18/16.

Inmate Crawford M30080 identified by ID card.

Per mental health, inmate Crawford M30080 Mental Health did not contribute to the underlying behavior of the offense for which the doc 0317 was issued. 0-6 months in seg was recommended. Doc 0443 form attached to disciplinary report in inmates master file.

The committee is satisfied the violations occurred as reported.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED		FINAL		
1 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other : SMI	1 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other: SMI 1 Months Commissary Restriction			
1 Months Commissary Restriction				
Basis for Discipline:NATURE OF OFFENSE				
Signatures				
Hearing Committee				
	Christa But	03/22/16	BLK	
BEST, CHARLES F - Chair Person	Signature But	Date	Race	
	Signature Signature			

Run Date: 11/1/2016 07:33:28

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-06-09

Orientation Status: N/A

Status: Final

RANDY S PFISTER / RSP 10/31/2016

Chief Administrative Officer

Incident Number: 201601028/3 - STA

Signature

10/31/16

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

When Served -- Date and Time

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:45 AM

2016 08:45 AM Living Unit: STA-B-06-09

Orientation Status: N/A

Incident Number: 201601016/3 - STA

Status: Final

Date	Ticket#	Incide	nt Officer	Location		Time
3/17/2016	201601016/1-STA	ANAST	ACIO, MARC T	B-HOUSE		06:40 PM
Offense	Viola	tion		•	Final Result	
202	Dama	ge Or Misu	se of Property		Guilty	
304	Insole	nce			Guilty	
404	Violati	on Of Rule	s		Guilty	
Witness T	ype Witnes	s ID	Witness Name		Witness Status	

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 pleads not guilty and states no line was up.

BASIS FOR DECISION

R/O observed a clothes line approximately 100ft long made out of a state issued sheet running from the front of the cell to the back.

Inmate Crawford M30080 admitted to having a line hanging up.

Shakedown record reflects a clothes line approximately 100ft long was taken from cell B408 on 3/17/16.

R/O advised inmate Crawford M30080 not put a clothes line up, Inmate Crawford M30080 stated 'I will tomorrow.'

Inmate Crawford M30080 identified by ID card.

Per mental health, inmate Crawford M30080 Mental Health did not contribute to the underlying behavior of the offense for which the doc 0317 was issued. 0-6 months in seg was recommended. Doc 0443 form attached to disciplinary report in inmates master file.

The committee is satisfied the violations occurred as reported.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED	FINAL				
3 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other : SMI	3 Months C Grade Restitution of \$ 5.06 Paid to STATEVILLE CC Other : SMI				
3 Months Commissary Restriction	3 Months Commissary Restriction				
Basis for Discipline:NATURE OF OFFENSE					
Signatures Hearing Committee	0				
BEST, CHARLES F - Chair Person	Charles Best	03/22/16	BLK		
	Signature	Date	Race		
VENERABLE, WENDELL M	fr.	03/22/16	BLK		

Run Date: 11/1/2016 07:33:26

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:45 AM

Living Unit: STA-B-06-09

Orientation Status: N/A

Incident Number: 201601016/3 - STA

Status: Final

RANDY S PFISTER / RSP 10/31/2016

Chief Administrative Officer

Signature

10/31/16

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

When Served - - Date and Time



The Illinois Department of Corrections

1	301 Concordia Court, P.O. Box 19277 • Springfield	d, IL 6	82794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offer	nder Name: Crawford, Deandre	_	Date: 9/28/16
Regi	ster# <u>M.30080</u>		
Facil	ity: Stateuille		
a fon	mal hearing. A review of the Grievance, Grievance Office ance that is direct review by the ARB, a review of the Grie	r/CAO evance	has been conducted.
	Your issue regarding: Grievance dated: 1/21/16	Grie	vance Number: 77// Griev Loc: Milliell
0	Transfer denied by the Facility or Transfer Coordinator		O Commissary
0	Dietary		O Trust Fund
0	Personal Property		O Conditions (cell conditions, cleaning supplies)
0	Mailroom/Publications		O Disciplinary Report dated
0	Assignment (job, cell)		Other Medical-did not receive med
	Based on a review of all available information, this of	ffice h	Other <u>Medical-did not receive</u> medical-did not receive medical-did not receiv
0	Affirmed, Warden is advised to provide a written response of corrective action to this office by	0	Denied as the facility is following the procedures outlined in DR525.
0	Denied, in accordance with DR504F, this is an administrative decision.	0	Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
Ø	Denied, this office finds the issue was appropriately addressed by the facility Administration.	0	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
0	Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	0	Denied as this office finds no violation of the offender's
0	Denied, as the transfer denial by the facility/TCO onwas reviewed in accordance with transfer procedures and is an administrative decision.		due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
	Other: Medical records reflect of	Jen	der recewed meds 1/18/16 & 1/19/16
	but was not in his cell	1/21	116 when meds were passed out
FOI	R THE BOARD: Debbie Knauer Administrative Review Board	_ COI	NCURRED: Yohn B. Baldwin John R. Baldwin Acting Director Acting Director
CC:	Warden, <u>stateuill</u> Correctional Register I	Cente	er 130080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

	Grievance Officer's	Report	
Date Received: 2/9/16	Date of Review: 3/10/16		Grievance # H175
Committed Person: CRAWFO	RD, DeAndre		ID #: M30080
Nature of Grievance: Medical	Treatment		RECEIVED
	,		MAR 2 3 2016
			ADMINISTRATIVE REVIEW BOARD
Facts Reviewed: Grievant clai	ms that he is not receiving his meds.		1 Class Constitution
record the offender was	er After reviewing offender's med not in his cell during the A.M. me lue to it being too close to the ne:	edication pass.	The offender was not able to
All proper policies and p If offender has any more	procedures have been followed at e issues he should follow the prop	t this time. per sick call pro	cedures including the Copay.
This Grievance Officer has no n	nedical expertise or authority to contradict th	ne doctor's/DON's/Ri	V's recommendation / diagnosis.
Recommendation: No	action as grievant appears to be re	ceiving appropi	iate medical care at this time.
			,
		1.111	
Jill Hosselton, CCII	ance Officer's Name	/ /	evanca Officer's Signature
(Att	ach a copy of Committed Person's Grievance, includ	ling gourselor's respons	e if applicable)
	Chief Administrative Office	er's Response	
Date Received: 3/10	1/1/6 — SI concur	☐ I do not concu	ır 🔲 Remand
Comments:			
	()	0	3/11/16
Chief Administrative	Officer's Signature		Date
	Committed Person's Appeal	To The Director	
out of Administrative Officer's decis	ative Officer's decision to the Director. I understa sion to the Administrative Review Board, P.O. Box nselor's response, if applicable, and any pertinent do	(ISET , Ophinghold, in	submitted within 30 days after the date of the 62794-9277. (Attach a complete copy of the
De Andre Ci	au Pord	M3008	0 3/15/16 Date
Con	miniad Leison's orginature		

OFFENDER'S GRIEVANCE

Date: 1/0 1/16	Offender: DEANARE Crowford M30080
Present Facility: State VI	le Facility where grievance Stateville
NATURE OF GRIEVANCE:	
☐ Personal Property ☐ Staff Conduct ☐ Transfer Denial by Facility	☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation ☐ Dietary ☐ Medical Treatment ☐ HIPAA ☐ Transfer Denial by Transfer Coordinator ☐ Other (speed) RIEVANCE OFFICE
Disciplinary Report:	Date of Report Facility where issued FLB (1.2.7816)
Note: Protective Custody De	unials may be grieved immediately via the local administration on the protective custody status notification.
Counsetor, unless the issue inv Grievance Officer, only if the is Chief Administrative Officer, Administrative Floview Board, administration of psychotropic of Administrative Officer.	nent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: A # Provide to the provided of the provid
Line Please erson Line Please erson Week 2 was She short one) Sanuary 19,200 At that time Said, It don't it Auving me my Cellhouse will Relief Proquested:	meds for Bepolar Dinggler and board - plity Disorder Frate France times this not given my meds. Monday RN Lida just walked fass my cell. On Justaday be RN Lida came to pass out meds. It was in the middle of prayer. She have time for this and left without meds. Joday it was out of the meds. Joday it was out of the meds was given. Nowever it reparable ham to solf. NCY griovance due to a substantial risk of imminent personal injury or other serious or irreparable ham to solf.
	Counselor's Response (if applicable)
Response: 1 22 11 Response: 1 copy of one response: 1 Office: Journal Leath Jure min Print Counselo	Send directly to Grievanca Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Springfield, IL 62794-9277 Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 De outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 De outside jurisdiction of this facility of
	EMERGENCY REVIEW
Date Received: / /	te this determined to be of an emergency nature? Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
C	niel Administrative Officer's Signature
Distribution: Master File; Offender	Page 1 Trinical on Recycled Paper MAR 2 3 2016

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

a color to Cla Barada
to the cellhouse at 9:47 am el spoke to C/o Baroda
$A \cap A \cap$
lanes to run Will get to you when we get to you.
1 of the first than the work of the state of
truing to get to HCO to all of the day
Soud After what you fulled duplay of can't do
southing for you "el was finally let out of my
cell at 12.04 pm. el went to the HCU. el was talk
Cell at 12.09 pm. de word was said that it was
to late for me to get my meds it asked him who lid he talk to and who said that it was to late.
11 0 11 of WO WINDAY IKAL EL CLECKER STATE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Bonassty secutoty they're medical so you have to
so back. The number that was at HOV at the
The state of the s
Ann a mall - With completing with a select with
that you's Don Un Word. Whom el'd never seen
hallow Shin is not a policey Rowerer these
my and stall have self imposed this as a
aslicen El ve been in a state of manic defression
Don Dours Days and Rad sudden fits of uncontinuelle
Cruina Dos no reason the plants pasts turo dry

Proof of Service

I DeAndre Crawford, being sworn under penalty of persury do State: That on March 21, 2016 I have placed both grievance STA#175, and grievance officer report dated 3/10/16 in the Stateville Correctional Center mail Service. To be delivered to the Administrative Review Board.

RECEIVED

To: Administrative Review Board P.O. Box 19277, Springfield, IL. 62794-9277 MAR 2 3 2016 ADMINISTRATIC REVIEW BOARD

Respectfully
De Andre Crawford M30080
P.O. Box 112
Joliet, IL. 60434

Subscribed and sworn to before me this 21st day March. 2016.

Savid Montfield

"OFFICIAL SEAL"
DAVID MANSFIELD
NOTAR: PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/26/2018

Knauer, Debbie

From:

Utke, Tiffany

Sent:

Wednesday, September 28, 2016 11:31 AM

To:

Knauer, Debbie

Subject:

RE: DeAndre Crawford M30080

Per the MAR he received them 1/18/16, 1/19/16 but was not in his cell 1/21/16. I don't know where he was that day.

From: Knauer, Debbie

Sent: Wednesday, September 28, 2016 11:10 AM

To: Utke, Tiffany; Garcia, Cynthia L. **Subject:** RE: DeAndre Crawford M30080

Have you had a chance to look in to this?

Thanks Debbie

From: Knauer, Debbie

Sent: Wednesday, August 24, 2016 10:22 AM

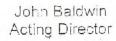
To: Utke, Tiffany; Garcia, Cynthia L. **Subject:** DeAndre Crawford M30080

I am reviewing a grievance from Crawford wherein he claims on 1/18/16, 1/19/16 and 1/21/16 he was not given his AM medication? Can you check and see if he was or was not given his medication?

Thanks

Debbie Knauer Office of Inmate Issues Administrative Review Board 217-558-2200 Ext. 2035 Fax 217-522-1957

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.





The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844 raw Ford . This office has determined the issue will be addressed without This is in response to your grievance received on _ a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted. Your issue regarding: Grievance dated: Transfer denied by the Facility or Transfer Coordinator O Commissary O Trust Fund O Dietary O Conditions (cell conditions, cleaning supplies) O Personal Property Disciplinary Report dated _ Mailroom/Publications Incident# Other Dental-non +x 12/15/15-12/16/15 O Assignment (job, cell) ___ Based on a review of all available information, this office has determined your grievance to be: O Denied as the facility is following the procedures is advised to provide a O Affirmed, Warden _ outlined in DR525. written response of corrective action to this office by O Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate O Denied, in accordance with DR504F, this is an administrative decision. Operational capacity of each facility. O Denied as procedures were followed in accordance with Denied, this office finds the issue was appropriately DR 420 for removal/denial of an offender from/for an addressed by the facility Administration. assignment. O Denied in accordance with AD05.03.4.03A (Monetary) O Denied as this office finds no violation of the offender's Compensation for Inmate Assignments) due process in accordance with DR504.80 and O Denied, as the transfer denial by the facility/TCO on DR504.30. This office is reasonably satisfied the was reviewed in accordance with offender committed the offense cited in the report. transfer procedures and is an administrative decision. not Substantiated. CONCURRED: FOR THE BOARD: Sherry Benton John R. Baldwin Acting Director Administrative Review Board Correctional Center __,Register No. <u>M 300 8</u>0

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

	Grievance Officer's Report		1),	
Date Received: 2/16/16	Date of Review: 3/4/16	Griev	ance # H197	
Committed Person: CRAWFO	RD, DeAndre	ID i	#: M30080	
Nature of Grievance: Medical	Treatment			
Facts Reviewed: Grievant clai	ms that he is not receiving proper medical treatment[denta	al].		
Grievance Officer finds that per medical records Mr. Crawford was initially seen, on 1/28/2015, for a root canal treatment on tooth #9 with Dr. Cavit. At that appointment the nerve was removed from the tooth. The canal in the tooth was enlarged to a size 60 at 25mm. The tooth was medicated and scaled with a temporary filling. He was scheduled for a return appointment on 2/6/2015 but left the Healthcare Unit before he was seen. He was rescheduled for a follow up visit on 2/18/2015. On 2/18/2015 he entered the dental clinic saw Dr. Garg and I and refused the appointment. Mr. Crawford refused to sign the refusal form. Sgt. Sievers and Kim Gregory, dental assistant signed as a witness to the refusal. Mr. Crawford was advised to put in a request when he was ready to resume services. He was a no show for the next appointment on 12/15/2015 due to an institutional lockdown. He was rescheduled to 12/17/2015 but again was a no show due to the institutional lockdown. He was seen on 12/21/2015 and upon examination the temporary filling was still present over the access hole in the tooth. Additionally when the nerve in a tooth has been removed as in the case of an endodontic tooth no pain exists unless the patient has an infection. In this case no infection existed. The root canal on tooth #9 was completed at this appointment.				
This Grievance Officer has no m	nedical expertise or authority to contradict the doctor's/DON's/F	RN's reco	mmendation / diagnosis.	
Jill Hosselton, CCII	action as grievant appears to be receiving approp			
* * * * * * * * * * * * * * * * * * * *	nce Officer's Name Gr ch a copy of Committed Person's Grievance, including counselor's respon		icer's Signature able)	
Date Received: 3/4/ Comments:	Chief Administrative Officer's Response Chief Administrative Officer's Response Respons		☐ Remand	
Chief Administrative O	flicer's Signature		3/7/16 Date	
	Committed Person's Appeal To The Director		- Land Control of the	
Chief Administrative Officer's decision	ive Officer's decision to the Director. I understand this appeal must be on to the Administrative Review Board, P.O. Box 19277, Springfield, IL sclor's response, if applicable, and any pertinent documents.)	submitted 62794-92	I within 30 days after the date of the 77. (Attach a complete copy of the	
De Andre (itted Person's/Signature M300 St	>	3/9/16 Date	

OFFENDER'S GRIEVANCE

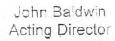
Date: 12/16/15 Offender: (Please Print) DCANDEC Crawford	M30080
Facility where grievance	teville
Talcalle	
NATURE OF GRIEVANCE: Personal Property	ADA Disability Accommodation GRIEVANCE OFFICE Other (Speeds)
Disciplinary Report: 1 1 Facility will Date of Report	nere issued 1110
Note: Protective Custody Dentals may be grieved immediately via the local administration on the p	protective custody stands noutibatedn
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, atc., Counselor, unless the Issue involves discipline, is deemed an emergency, or is subject to direct review Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the Issue involves transfer denial by the Transfer Coordinator, administration of psychotropic drugs, Issues from another facility except personal property issues, or Administrative Officer.	Counselor. protective custody, involuntary issues not resolved by the Chief
Summary of Grievance (Provide information including a description of what happened, when and where it happened for each person involved):	med, and the name of identifying information
On 12/11/15 the temptoary filling I've had i	N my tooth SINCE
Dec 2014 on Jan 2015 has come out. I put ina	modical request
slip due to the pain I was haveing on 12/13/	15. I was scen
by Nurse DON Mills at Sick callow 12/14/15 0	ofter I had
Spoken to Nurse Paige who was passing out	only Meoz. I
told Parige that I could Not take my Meds	1) ros to out to
hurt every time anything touches it. She to	MOLIC WAS SAIN
another request slip. I was then seen by	1 115 who saw
that the filling had come out and said "you	have a pig note
Relief Requested: to have treatment for my tooth	
Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury of	rother serious or irreparable harm to self.
Offender's Signature Check only if this is an EMEMBERCY grievance due to a substantial management of the management of	
(Continue on reverse side if necessary)	
Counselor's Response (if applicable)	Was a second and a second a second and a second a second and a second a second and a second and a second and a second and
Date 17 19 5	
Response: Approf this gawance has been porques runew only the parte. The original has to the quevance office. you will receive a fresponde to same. The property some the his	jurisdiction of this facility. Send to trative Review Board, P.O. Box 10277, sld, IL 62794-9277 All Help of the formula to himself response Little Role with the facility of t
Response: A copy of this gawaper has been forward runing the spense. The original has to the opening a first opening a first opening of the opening a first opening the opening the opening of this opening of the openi	water Review Board, P.O. Box 10277. Sid, IL 62784-9277 Lever fire the Helpo Lever fire wanded to humal ruspouse Leth orche wint is 2, 12, 16
Response: Approf this gawance has been porques runew only the parte. The original has to the quevance office. you will receive a fresponde to same. The property some the his	water Review Board, P.O. Box 10277. Sid, IL 62784-9277 Lever fire worded to humal ruspouse Leth rise wint is 2, 12, 16
Response: Appropriate of this granger has been former former that the primare of the primare of the primare of the former and the granger of the highest of the primare of	water Review Board, P.O. Box 10277. Sid, IL 62784-9277 Lever fire the Helpo Lever fire wanded to humal ruspouse Leth orche wint is 2, 12, 16
Response: Popu of this gaward has been forms The grander of the gaward has to the grander of th	institute Review Board, P.O. Box 10277. Sid, IL 62794-9277 Lever fire file for fil
Response: Appropriate of this granger has been former former and the granger of the granger of the former and the granger of the first of the former of the first of the former of the first of the former of the first of the fir	instive Review Board, P.O. Box 10277. Sid, IL 62794-9277 Side to the Hell for the server for t

Distribution: Master File; Offender

TILLINGIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

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to passout meas in is more to call Dental to see it
that I had a call pass, and asked her to call Dental to see it
Land Ale Call Call Call Call Call Call Call Ca
the and I lime is to put in another request out
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A IL Aliver Mills prefuse to take the second region
The idea of he did only he could do vesterady a I fill of the
Cul D Manager Ald avolanded the Situation to Miles
not dell and way it Dental wants to see you have it
for you. Mills said he talked to Dr. Mitchell on 12/14/15. Then
today I spoke with officer Borota the gallery officer. I
explained to him that my tooth has a big hate in it and has
explained to him that my form had a and the 11th I pisked him
been conserve me point since friday the 11th I asked him
to call Dr. Mitchell to see it shed get over to Dental,
hecouse all emergency request are suppose to be seen
with in 24/1. Porta sard ne roll the 3
did his part so ft's not on him.

Warden/





The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844 Date: July 21,2016 awFord 1. This office has determined the issue will be addressed without This is in response to your grievance received on _ a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted. 21 14 Grievance Number: Your issue regarding: Grievance dated: O Commissary O Transfer denied by the Facility or Transfer Coordinator Trust Fund __ O Dietary _ O Conditions (cell conditions, cleaning supplies) O Personal Property _ O Mailroom/Publications O Disciplinary Report dated Incident# O Assignment (job. cell) __ Based on a review of all available information, this office has determined your grievance to be: is advised to provide a O Denied as the facility is following the procedures O Affirmed, Warden written response of corrective action to this office by outlined in DR525. Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Denied, in accordance with DR504F, this is an Operational capacity of each facility. administrative decision. O Denied as procedures were followed in accordance with Denied, this office finds the issue was appropriately DR 420 for removal/denial of an offender from/for an addressed by the facility Administration. assignment. O Denied in accordance with AD05.03.103A-(Monetary) O Denied as this office finds no violation of the offender's Compensation for Inmate Assignments) due process in accordance with DR504.80 and O Denied, as the transfer denial by the facility/TCO on DR504.30. This office is reasonably satisfied the was reviewed in accordance with offender committed the offense cited in the report. transfer procedures and is an administrative decision. St Staff are not subst CONCURRED: FOR THE BOARD: John R. Baldwin Sherry Benton Acting Director Administrative Review Board LL Correctional Center 36080

Diand Register No. M36080

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

ryos

-	Grievance Officer's Report					
Date Received: 2/16/16	Date of Review: 3/4/16	Grievance # H199				
Committed Person: CRAWFO	RD, DeAndre	ID #: M30080				
Nature of Grievance: Medical Treatment						
	,					
Facts Reviewed: Grievant clai	ims that he is not receiving proper medical treatment[dental].					
Grievance Officer finds that per medical records Mr. Crawford was seen for a completion on his root canal on 12/21/2015 and received a temporary filling which is the customary treatment for an endodontic treated tooth. The clinician customarily waits at least six weeks before a permanent filling is placed. This time period allows the dentist to determine if the patient is going to have any problems with the tooth. Mr. Crawford's appointments on 1/11/16, 1/13/2016, and 1/18/2016 were for his biennial exam. He was scheduled and seen for the permanent filling on 2/10/2016.						
This Grievance Officer has no n	nedical expertise or authority to contradict the doctor's/DON's/RN'	s recommendation / diagnosis.				
Recommendation: No a	action as grievant appears to be receiving appropria	nte medical care at this time.				
		R 1 4 2016				
	a ma Mil	NISTRATIVE EW BOARD				
Jill Hosselton, CCII Print Grieva	nce Officer's Name Grieva	nce Officer's Signature				
(Atta	ch a copy of Committed Person's Grievance, including counselor's response i	f applicable)				
7	Chief Administrative Officer's Response					
Date Received:	16 DI concur I do not concur	Remand				
	()	3/7/16				
Chief Administrative Of	Committed Person's Appeal To The Director	- Bate				
Chief Administrative Officer's decisio	ive Officer's decision to the Director. I understand this appeal must be sul n to the Administrative Review Board, P.O. Box 19277, Springfield, IL 627 elor's response, if applicable, and any pertinent documents.)					
De Andre (itted Person's Signature M30080	3/9/16				

OFFENDER'S GRIEVANCE

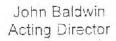
Date: 1/21/1/0 Offender:	DeAndre Crawford	M30080
Present Facility: Statev9112	Facility where grievance S+	ateville
NATURE OF GRIEVANCE:		
Staff Conduct Diet. Transfer Denial by Facility Trans	Handling	☐ ADA Disability Accommodation ☐ HIPAA GRIEVANCE OFFICE ☐ Other (specty): ☐ FEB 1 0 5013
Disciplinary Report: /	rt Facility be grieved immediately via the local administration on the	where issued B protective custody status induffication.
	Disabilings Report Shakedown Record, 8	(c.) and send to:
Counselor, unless the issue involves discip Grievance Officer, only if the issue involve Chief Administrative Officer, only if EMEI Administrative Pisview Sciarci, only if the administrative Officer.	oline, is deemed an emergancy, or is subject to direct to s discipline at the present facility or issue not resolved be RGENCY grievance. seue involves transfer denial by the Transfer Coordinate is from another facility except personal property issues, or	by Counselor. or, protective custody, involuntary or issues not resolved by the Chief
Summary of Grievance (Provide information include for each person involved):	ing a description of what happened, when and where it hap	spened, and the traine of toerdrying
On Dec 11, 2015 a	temp filling that I'l	ve hold to ca
year fellout. I w	1015 SEEN by Dr. Mito	hell awark
later Dr. Mitchel	l put in another to	mp filling +
had a call pass for	- 1/11/16 but was	rescheduled.
Aggin I was giv	en a call pass for	1/13/16 but
	ckdown I was No	+ SEEN ON
1/18/16 I 4195 SECN	by Dr. Oben Houser	for a two year
	1 / 1 / 2	va had been in,
and when I got	the New temp. I to	12 him that I
2000 30 110 1	The William I will be a second of the second	
Relief Requested:		RECEIVED
		MAR 1 4 2016
Check only if this is an EMERGENCY grieva	nce due to a substantial risk of imminent personal injury	or other serious or irreparable harm to solf. REVIEW BOARD
Check only if this is an EMERGENCY grieva Offender's Signa	ture ID#	or other serious or irreparable harm to self.
	rure (Continue on reverse side if necessary)	or other serious or irreparable harm to solf. REVIEW BOARD
Offender's Signa	(Continue on reverse side if necessary) Counselor's Response (if applicable)	r or other serious or irreparable harm to self. REVIEW BOARD Date
	(Continue on reverse side if necessary) Counselor's Response (if applicable) Send directly to Grievance Officer Outside	de jurisdiction of this facility. Send to
Offender's Signa	(Continue on reverse side if necessary) Counselor's Response (if applicable) Send directly to Grievance Officer Outside	r or other serious or irreparable harm to self. REVIEW BOARD Date
Offender's Signa	(Continue on reverse side if necessary) Counselor's Response (if applicable) Send directly to Grievance Officer Outside	de jurisdiction of this facility. Send to
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Date Received: 1, 2, 16 [(Continue on reverse side if necessary) Counselor's Response (if applicable) Send directly to Grievance Officer Outside	de jurisdiction of this facility. Send to
Date Received: 1, 2, 16 [(Continue on reverse side if necessary) Counselor's Response (if applicable) Send directly to Grievance Officer Outside	Date Delay Serious or irreparable harm to soil. REVIEW BOARD Date Date Delay Del
Date Received:	Continue on reverse side if necessary) Counselor's Response (if applicable) Send directly to Grievance Officer Admin Spring Fullrande has been facture Se The original has been facture Admin Spring Sel The original has been facture Admin Spring Admin Sel The original has been facture Admin Sel The original has been factured	Date Delay Serious or irreparable harm to soil. REVIEW BOARD Date Date Delay Del
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Date Received:	Counselor's Response (If applicable) Send directly to Grievance Officer Fully of the best factor Spring Send directly to Grievance Officer Fully of the best factor Spring Send directly to Grievance Officer Counselor's Sign EMERGENCY REVIEW State of the best factor Counselor's Sign Officer Outside Administration Administration Spring Fully outside Administration Spring Counselor's Sign EMERGENCY REVIEW	de jurisdiction of this facility. Send to nistrative Review Board, P.O. Box 19277, pfield, IL 62794-9277 Which for worden to first active for the facility of

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ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

Was haveing pain in my lower left you and three lower left teeth for the last five days. He told me that I would have to put in a request list to have that looked at. Since Dec 2015 Dr. M. tchell Dr. Oben houser and Dr. Gara have been in dental and could have seen me. Tive submitted a request slip on 1/19/16. I have not received a call pass x. as on yet.
DOC 0046 (8/2011)

Proof of Service I DEANGE Crowford Sworn under penalty of perjury do swear to the following: That on March 10, 2016 I have placed grievance STA Numbers # H197, # 199, #200 with gréevance officer's réport signed March 9,2016 IN the Stateville Correctional Center mail service. To be mailed. Too Administrative Review Board P.O. Box 19277 Springfield, IL. 62794-9277 RECEIVED Respectfully De Andre Crosenford MAR 1 4 2016 **ADMINISTRATIVE** M30080 REVIEW BOARD P.O. BOX 112 Joliet IL. 60434 Subscribed and sworn to before me this 10th day March, 2016. Sauid Mantfield DAVID MANSFIELD NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 10/26/2018





The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844 awford. I . This office has determined the issue will be addressed without This is in response to your grievance received on a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted. 15/16 Grievance Number: Your issue regarding: Grievance dated: O Commissary Transfer denied by the Facility or Transfer Coordinator O Trust Fund O Dietary O Conditions (cell conditions, cleaning supplies) O Personal Property _ O Mailroom/Publications O Disciplinary Report dated Incident # O Assignment (job, cell) _ Based on a review of all available information, this office has determined your grievance to be: is advised to provide a O Denied as the facility is following the procedures O Affirmed, Warden _ outlined in DR525. written response of corrective action to this office by O Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate O Denied, in accordance with DR504F, this is an Operational capacity of each facility. administrative decision. O Denied as procedures were followed in accordance with benied, this office finds the issue was appropriately addressed by the facility Administration. DR 420 for removal/denial of an offender from/for an assignment. O Denied in accordance with AD05.03.4.03A-(Monetary-Denied as this office finds no violation of the offender's Compensation for Inmate Assignments) due process in accordance with DR504.80 and O Denied, as the transfer denial by the facility/TCO on DR504.30. This office is reasonably satisfied the was reviewed in accordance with offender committed the offense cited in the report. transfer procedures and is an administrative decision. Since CONCURRED: FOR THE BOARD: Sherry Benton John R. Baldwin Acting Director Administrative Review Board Correctional Center 30086 CC: Warden

RESPONSE TO COMMITTED PERSON'S GRIEVANCE

,	Grievance Offic	er's Report	
Date Received: 2/16/16	Date of Review: 3/4/	/16	Grievance # H200
Committed Person: CRAWFO	ORD, DeAndre		ID #: M30080
Nature of Grievance: Medical	Treatment		
	*		
Facts Reviewed: Grievant cla	iims that he is not receiving proper r	nedical treatment[dental].
received a temporary filling what weeks before a permanent	filling is placed. This time period allow frawford's appointments on 1/11/16, 1/	endodontic treated tooth. The street is the dentist to determine the street in the street in the street is the street in the street in the street in the street is the street in the str	The clinician customarily waits at least if the patient is going to have any
This Grievance Officer has no	medical expertise or authority to contra	dict the doctor's/DON's/RI	N's recommendation / diagnosis.
		_	
	I	RECEIVE	
		MAR 1 4 2016	
	Δ	DIMINISTRATIV	E
	1	REVIEW BOAR	
Jill Hosselton, CCII	action as grievant appears to l vance Officer's Name tach a copy of Committed Person's Grievance,	Gric	vance Officer's Signature
	Chief Administrative C	Officer's Response	
Date Received: 3/4/	16 Ficoncur	☐ I do not concu	r Remand
Chief Administrative	Officer's Signature	6	3/7/16 Pate
Orest Administrative	Committed Person's Ap	peal To The Director	
Chief Administrative Officer's decis	ative Officer's decision to the Director. I und sion to the Administrative Review Board, P.C nselor's response, if applicable, and any pertin	J. Box 19277, Springfield, IL t	submitted within 30 days after the date of the 52794-9277. (Attach a complete copy of the
De Andil	Courford nmitted Person's Signature	M30080	3/9/16 Date

Page 1

OFFENDER'S GRIEVANCE

Date: / Coffende	11 1	Irr Craw	ford	M30080
Present Facility: (Please F	min) DE/4100	Facility where grievan	co State	ville
Stateville		issue occurred:		
☐ Staff Conduct ☐ Di	stery	Aestoration of Good Medical Treatment ransfer Coordinator		DA Disability Accommodation IIPAA Ither (special):
Disciplinary Report: // Date of Re	1		Facility where	issued 1 200
Note: Protective Custody Denials may	y ba griaved immedia	ately via the local adminis	ration on the prot	ective custody status notification.
Complete: Attach a copy of any pertinent doc Counselor, unless the Issue involves dis Grievance Officer, only if the issue invol Chief Administrative Officer, only if EM Administrative Review Board, only if the administrative Officer.	ument (such as a Dis cipline, is deemed an ves discipline at the ERGENCY grievance e issue involves tran des from another lact	iciplinary Report, Shakedov n emergency, or is subject present facility or issue no e. ister denial by the Transte lity except personal prope	on Record, etc.) and to direct review to the resolved by Cou r Coordinator, pro- arry lasues, or issu-	nd send to: by the Administrative Review Board. unselor. bitective custody, involuntary uses not resolved by the Chief
Summary of Grievance (Provide information inc				
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and she removed t	he rest	of the ro	ot and	put in another
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11.114	ecn call	1 12		sent a pass
- Village	as told	I would	be res	scheduled.
The Total Total School	+ 01 SC	COND Dass	for	1/13/16, but
To have th	e work -	that was	Starte	1 on my tooth
finished and have	e the ter	no felling	replac	ed with a
0 20 - 10 10 - 0010				
Check only if this is an EMERGENCY price	vance due to a subs	nantial risk of imminent pe	rsonal injury or or	ther serious or irreparable harm to self.
De Andre Cicent	Por O		130080	. 12 11
		's Response (if appli		
Date				isdiction of this facility. Send to
Heceived: 1 20 110	Send directly to	Grievance Officer	Administrat Søringlield	IVE Review Board, P.O. Box 19277. IL 627,94-9277 IL 627,94-9277 IL CL
Response: N CAPE ST NO	LA DONAND	The mine	10-h	s luen polar
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from Me greenan	e prese	y puc 194	rencuo	
Print Counselor's Name	. "	Liver	www.) nunselor's Signature	Date of Response
	REM	RGENCY REVIEW		
Date Received: / /	is this determined	No de of a Defence oncy n	ature? 🔲 Yus;	expedite emergency grievance
Lincolner:	ADM	NISTRATIVE EW BOARD	Offendu	an emergency is not substantiated. r should submit this grievance imal manner.
				/ / / Date
Chief Admin	istrative Officer's Signal			DOC 0046 (8/2012)
D. Antholiae Master File: Offender		Page 1		DOD 0010 (0.2012)

Distribution: Master File; Offender

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

6	ent on a level four lock down. This delay of treatment could lead to an in the tooth that has the temp filling in
GIGGIA) WE W	11 ch in court could lead to an
intentional	ed il a trach that has the temp filling in
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DOC 0046 (8/2010)



The Illinois Department of Corrections

1301 Concordla Court, P.O. Box 19277 • Springfield,	IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offender Name: Crawford, Deandre	Date: 5/18/16
Register # M 30080	
Facility: Stateville	
This is in response to your grievance received on 2/8/16/ a formal hearing. A review of the Grievance, Grievance Officer/C.	nga hac been conducted
Your issue regarding: Grievance dated: 6 G	Grievance Number: 4836. Griev Loc: State vill
Transfer denied by the Facility or Transfer Coordinator	O Commissary
O Dietary	O Trust Fund
O Personal Property	O Conditions (cell conditions, cleaning supplies)
O Mailroom/Publications	O Disciplinary Report dated
O Assignment (job, cell)	Other Medication - Depakote
Based on a review of all available information, this office	has determined your grievance to be:
Affirmed, Warden is advised to provide a written response of corrective action to this office by	 Denied as the facility is following the procedures outlined in DR525.
O Denied, in accordance with DR504F, this is an administrative decision.	 Denled as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
O Denied, this office finds the issue was appropriately addressed by the facility Administration.	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
O Denied in accordance with AD05,03.103A (Monetary Compensation for Inmate Assignments)	Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the
O Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with	offender committed the offense cited in the report.
transfer procedures and is an administrative decision. Other: Most Dtack Inducated	of Afender recieved
the medication	00
FOR THE BOARD: Sarah Johnson Administrative Review Board	ONCURRED: John R. Baldwin Acting Director
CC: Warden, Stateville Correctional Cent	n30080

Mission: To serve justice in Illinois and increase public safely by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

1	CAPACITATION SAID CONTRACTOR OF THE CONTRACTOR AND ACCUMULATION AND ACCUMULATION OF THE CONTRACTOR OF				
	Grievance Officer's Rep	ort	Bilo		
Date Received: 12/10/15	Date of Review: 2/1/16	Grieva	nce # 4836		
Committed Person: CRAWFO	RD, DeAndre	ID #:	: M30080		
Nature of Grievance: Medical Treatment					
	*				
Facts Reviewed: Grievant clai	ms that he is not receiving his seizure meds				
Grievance Officer finds that p	er Medical Records offender received his me	ds on 10/26/15			
This Grievance Officer has no n	nedical expertise or authority to contradict the do	ctor's/DON's/RN's recon	nmendation / diagnosis.		
		×			
			t a		
			e 1		
*					
		RECEI	VED		
		FEB 08 2	2016		
		ADMINISTE	RAT IVE		
		REVIEW B	OARD		
Recommendation: No a	action as grievant appears to be receiv	ing appropriate me	edical care at this time.		
necommendation.	erron as gradient aff				
		1. H//Xane			
Jill Hosselton, CCII Print Grieva	ance Officer's Name	Grievance Offic	per's Signature		
	nch a copy of Committed Person's Grievance, including co	unselor's response if applica	ble)		
/	Chief Administrative Officer's I	Response			
Date Received:	16 I concur	I do not concur	Remand		
Comments:	0				
			¥		
			0/1/		
8	Tofa		777/b		
Chief Administrative C	Committed Person's Appeal To	The Director	- John		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the					
Tam appealing the Citief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)					
	Ω	412-422	2 /11 /1/2		
Se Andre (mitted Person's Signature	M30080	Date		

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

Date: 10/1/15 Offender: Definition Crawford	M30080				
(Freese Filly 1007 O.					
Present Facility: State VILLE lesue occurred: JUSTEV	1115				
NATURE OF GRIEVANCE:	A Disability Accommodation				
Personal Property Mail Handsing Newton HIP	'AA				
☐ Staff Conduct ☐ Dietary ☐ Staff Conduct ☐ Other Conduct ☐ Transfer Denial by Transfer Coordinator ☐ Other Conduct ☐ Other Coordinator ☐ Other ☐	Of (specify):				
Disciplinary Report: / / DFC 10 2015 Facility where iss	sued				
Data of Report					
Shalladown Bacard atc.) 200	sang to:				
Counselor, unless the issue involves discipline at the present facility or issue not resolved by Counselors Offices, only if the issue involves discipline at the present facility or issue not resolved by Counselors.	selor.				
Grievance Officer, only if the same diverse and the grievance.	ctive custody, involuntary				
administration of psychotropic drugs, tables that a district the state of the state					
Summary of Grievance (Provide information including a description of what happened, when and where it happened, a					
to each person involved): Thave seizures and was taken Depakot	e for it.				
However I haven't been actting it, but	I have been				
TOWEVER - MONTH OF TO A GREAT MILL	Dr. Maitay				
receiveing my other mess, at that my ores	cription was				
on 7/30/15 and sho This was after it	told her about				
a ood antil NEXT year. This was that I	am Still				
779 1001 301 301					
haveing pain in my left shoulder.					
	meds.				
Rellet Requested: to CONTINUE getting my seizure	The state of the s				
"SEASE.AA.	CARA				
Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other	r serious or irreparable harm to self.				
	1. 1. 18				
De Andre Craenford M30080 Offender's Signature	10, 6, 15 Date				
Offender/s Signature {Continue on reverse side if necessary}	· Transit				
Counselor's Response (it applicable)					
Date ID 12, 5	iction of this facility. Send to				
Authalianum Springfield II	Review Board, P.O. Box 19277, 62794-9277				
Besnoges: according to the pharmein ticky	Kegina				
Response: Mas ford M30080 regard he	s degue				
Response: according to the pharmeing tech, Beattle, Crantford M30080 regard he much on 10/2015.	<u> </u>				
June 1 - 1 - 1 will					
110	,				
L'il Dessis Lolumns	Date of Response				
Print Counselor's Name Counselor's Signature					
EMERGENCY REVIEW					
	asdita emergency grievance				
Received: / / te this determined to be of an emergency nature?					
Offender sh in the norma	ould submit this grievance				
	/				
Chief Administrative Officer's Signature					
	DOC 0046 (8/2012 ₎				

Distribution: Master File; Offender

Page 1

PROOF OF SERVICE

I De Andre Crawford # M30080 here by do swear that on February 4, 2016 I have placed grievance STA# 4836 in the Stateville Correctional Center mail service to be sent to the A. R.B brown broad.

To a Administrative Rewiew Board P.O. Box 19277 Springfield, IL. 62794-9277

> Respectfully, De Andre Crowford #M30080 P.O. Box 112 Joliet, IL. 602134

I swear under penalty of persury that the above information is true and accurate to the best of my Knoweledge.

RECEIVED

FEB 08 2016

ADMINISTRATIVE
REVIEW BOARD



John Baldwin Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

May 4, 2016

DeAndre Crawford Register No. M30080 Stateville Correctional Center

Dear Mr. Crawford:

This will <u>finalize</u> your response to your grievance received on September 30, 2015, regarding Medical (morning medication not received during Ramadan), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Crawford grieves since the beginning of Ramadan on June 18, 2015 he has not received his morning psych and siezure medications. He claims due to fasting the medications are to be brought to him during the 11-7 shift. He grieves since the medications are a "watch take" he has not been able to take the medications due to fasting from sun up to sun down. He claims this has caused him to request a crisist team member several times and has been denied.

The Grievance Officer's Report (H643) and subsequent recommendation dated August 27, 2015 and approval by the Chief Administrative Officer on September 1, 2015 have been reviewed.

The grievance officer indicated according to the medication administration record the offender refused his medication. This office remanded Offender Crawford's grievance to Warden Pfister for review of the policy procedure for offenders who are fasting during Ramadan to receive medications.

Per healthcare staff during Ramadan a list is received of the offenders who are participating. From this list the offenders who are to receive medications are offerred the medication during the appropriate times.

Based on a total review of all available information, it is recommended the grievance be considered moot at this time. However, Warden Pfister is to ensure policy and practice is being adhered to with regard to offenders medications during fasting for Ramadan.

FOR THE BOARD:

Sarah Johnson

Administrative Review Board Office of Inmate Issues

CONCURRED:

John R. Baldwin

Acting Director

CC:

Warden, Stateville Correctional Center DeAndre Crawford, Register No. M30080

Johnson, Sarah L.

From:

Utke, Tiffany

Sent:

Wednesday, April 20, 2016 9:38 AM

To:

Duffield, Nicolette; Johnson, Sarah L.

Subject:

RE: Ramadan

Hope this helps.

Ok I believe I remember this grievance per the medication record he refused his medication. But without more details I can't say for sure.

But here is what we would do during Ramadan. We received a list that have the offenders that were participating in Ramadan. The Nurses would go back out and offer the offenders their medications during the appropriate time.

From: Duffield, Nicolette

Sent: Wednesday, April 20, 2016 9:01 AM

To: Utke, Tiffany
Subject: FW: Ramadan
Importance: High

FY

Nicolette S. Duffield HCUA 815-727-3607 Ext. 6675

From: Johnson, Sarah L.

Sent: Tuesday, April 19, 2016 11:27 AM

To: Duffield, Nicolette Subject: RE: Ramadan Importance: High

Please advise on the status of the below request as soon as possible. Thank you.

From: Johnson, Sarah L.

Sent: Thursday, March 10, 2016 1:22 PM

To: Duffield, Nicolette **Subject:** FW: Ramadan

See the below email with regard to medication and Ramadan. Please advise what the practice is for Offenders who are on watch take medication during Ramadan? Our office remanded a grievance for a review for Offender Crawford, M30080 who claimed to have not been given medication during Ramadan due to the time the medication was delivered. Please feel free to call me if you have any questions. Thank you.

From: Adamson, George

Sent: Friday, February 05, 2016 1:12 PM

To: Keim, Stephen Cc: Johnson, Sarah L. Subject: RE: Ramadan

For the healthy; nothing is to be taken by mouth, nose, ear and eye while fasting.

The person taking medication will not fast. If the patient is temporarily sick then they will not fast that day while taking medication. They will make it up on another day(s).

The person taking medication on a permanent basis or can't do without medication is excused from fasting. They will feed the poor for the number of days missed.

This obviously raises a concern about trafficking and trading. However inmates are allowed to give to other inmates whatever they have within the rules.

This documentation should totally keep our hospitals running normally during Ramadan. This from the 12 Imams I meet with regularly.

From: Keim, Stephen

Sent: Thursday, February 04, 2016 2:06 PM

To: Adamson, George Cc: Johnson, Sarah L. Subject: RE: Ramadan Importance: High

Dr. Adamson,

Can you please respond to this inmate issue concerning Ramadan and inmate medications. I tried contacting Imam Tahwil but was unsuccessful. Seeing you have a number of Imams at Stateville I thought possibly you could assist. It has been our standing procedure since Imam Furqan and Imam Mumin were at Menard that "During the daylight hours a fasting person is permitted all essential medicines".

Thanks.

Stephen C. Keim Chief of Chaplains Illinois Department of Corrections

Menard Correctional Center P.O.B. 711 Menard, Illinois 62259 STEPHEN.KEIM@doc.illinois.gov

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To: Keim, Stephen Subject: Ramadan

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Sarah L. Johnson Administrative Review Board Office of Inmate Issues (p) 217-558-2200, extension 2110 (fax) 217-522-1957

Johnson, Sarah L.

emailed again 4/19/14

From:

Johnson, Sarah L.

Sent:

Thursday, March 10, 2016 1:22 PM

То:

Duffield, Nicolette

Subject:

FW: Ramadan

Attachments:

Ramadan and medication.pdf

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John Baldwin Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844 February 5, 2016

DeAndre Crawford Register No. M30080 Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on September 30, 2015, regarding Medical (morning medication not received during Ramadan), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Crawford grieves since the beginning of Ramadan on June 18, 2015 he has not received his morning psych and siezure medications. He claims due to fasting the medications are to be brought to him during the 11-7 shift. He grieves since the medications are a "watch take" he has not been able to take the medications due to fasting from sun up to sun down. He claims this has caused him to request a crisist team member several times and has been denied.

The Grievance Officer's Report (H643) and subsequent recommendation dated August 27, 2015 and approval by the Chief Administrative Officer on September 1, 2015 have been reviewed.

The grievance officer indicated according to the medication administration record the offender refused his medication.

Based on a total review of all available information, it is recommended the grievance be remanded to Warden Pfister at Stateville CC for a written response with regard to the policy/procedure for providing offenders medication while fasting in observance of Ramadan.

FOR THE BOARD:

Sarah Johnson

Administrative Review Board Office of Inmate Issues

I concur. Warden Pfister shall proceed accordingly.

John R. Baldwin Acting Director

Warden, Stateville Correctional Center

DeAndre Crawford, Register No. M30080

Tickler

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Islam Question and Answer

General Supervisor: Shaykh Muhammad Saalih al-Munajjid (https://islamga.info)

Fri 26 Rb2 1437 - 5 February 2016

Φů.

Q

37761: A sick person who cannot fast

I have many days to make up for missed fasts from the past. Unfortunately, this year I am suffering from a medical condition involving my stomach which makes me unable to fast. I do not know if I will be able to fast in the future (my condition could be permanent). What should I do about this Ramadan and the missed days from the past?.

Published Date: 2002-11-19

Praise be to Allaah.

We ask Allaah, the Lord of the mighty Throne, to heal you.

You have to refer to a trustworthy doctor. If the sickness from which you are suffering is one from which there is the hope of recovery, then after you recover you have to make up the fasts that you missed during this Ramadaan and the previous Ramadagnare because Allaah says (interpretation of the meaning):

"and whoever is ill or on a journey, the same number [of days which one did not observe Sawm (fasts) must be made up] from other days"

[al-Bagarah 2:185]

But if the sickness is permanent and there is no hope of recovery, then you have to feed one poor person for each day that you did not fast in this Ramadaan and in the previous one, because Allaah says (interpretation of the meaning):

"And as for those who can fast with difficulty, (e.g. an old man), they have (a choice either to fast or) to feed a Miskeen (poor person) (for every day)"

[al-Baqarah 2:184]

Ibn 'Abbaas said: This refers to the old man or old woman who cannot fast, so for each day they should feed one poor person. This was narrated by al-Bukhaari, 4505. The sick person who has no hope of recovery comes under the same ruling as the elderly.

Ibn Qudaamah said in al-Mughni, 4/396:

 The sick person who has no hope of recovery should not fast, and for each day he should feed one poor person, because he is like one who is elderly.

Shaykh Ibn 'Uthaymeen said in Majaalis Ramadaan, p. 32:

The one who is permanently unable to fast and has no hope of recovery – such as the elderly and those who are incurably sick, such as those who have cancer etc. – do not have to fast because they are unable to. Allaah says (interpretation of the meaning):

"So keep your duty to Allaah and fear Him as much as you can"

[al-Taghaabun 64:16]

"Allaah burdens not a person beyond his scope"

[al-Baqarah 2:286]

But instead of fasting he has to feed one poor person for each day.

And Allaah knows best.

Islam Q&A

All Rights Reserved for IslamQA@ 1997-2016 0.079

Johnson, Sarah L.

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Sent: Thursday, February 04, 2016 2:06 PM

To: Adamson, George
Cc: Johnson, Sarah L.
Subject: RE: Ramadan

Importance: High

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ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

	Grievance Officer's	Report				
Date Received: 8/25/15	Date of Review: 8/27/15		rievance # H643			
Committed Person: Crawford	, DeAndre		ID # M30080			
Nature of Grievance: MEDICA	L Treatment					
Facts Reviewed: Grievance Officer finds that per Medical Staff AFTER REVIEWING THE OFFENDERS MEDICAL RECORDS:						
THE GRIEVANT COMPLAINS OF BEING DENIED PROPER MEDICAL TREATMENT						
Response:						
Offender's chart was reviewe	ed. According to the medication adminis	stration record he has	refused his medication.			
All proper policies and proce proper sick call procedures.	dures have been followed at this time.	If offender has any mo	ore issues he should follow the			
This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.						
			SEP 3 0 2015			
			MINISTRATIVE EVIEW BOARD			
JILL PARRISH CC2	nction as grievant appears to be re ince Officer's Name ch a copy of Committed Person's Grievance, includ	Gylevan) Www. Cell be Ollicer's Signature			
-/	Chief Administrative Office	r's Response				
Date Received: \$\begin{align*} 3/\\ 2/\\ Comments: \end{align*}	1/5 Diconcur	☐ I do not concur	☐ Remand			
Chief Administrative O	fficer's Signature	0	9/1/15 Date			
	Committed Person's Appeal	To The Director				
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)						
De Andre C	iceuf coul	M30080	9/18/15 Date			

Distribution: Master File; Committed Person

Page 1

ARB - Crawford 00047 (Eff. 10/2001)

OFFENDER'S, GRIEVANCE

Date: 17/1/15	Offender: (Please Plint) Dr. Andro	crawford	M30080
Present Facility:			LIL CORIEVANCE OFFICE
NATURE OF GRIEVANCE:	<u></u>		1
Personal Property Staff Conduct Transfer Denial by Facility		Restoration of Good Time Medical Treatment Insfer Coordinator	ADA Disability Accommodation HIPAA Other (shock)
☐ Disciplinary Report:	/ / / Date of Report		ty whera issued
Note: Protective Custody D	enlals may be grieved immediate	ly via the local administration on t	the protective custody status notification.
Grievance Officer, only if the is Chief Administrative Officer, Administrative Review Board administrative Officer.	volves discipline, is deemed an essue involves discipline at the pronty if EMERGENCY grievance, only if the issue involves transferings, issues from another facility	esent facility or issue not resolved er denial by the Transfer Coordina y except personal property issues	by Counselor. ator, protective custody, involuntary , or issues not resolved by the Chief
for each person involved):		nat happened, when and where it h	eppenad, and the name or identifying information
Since the begin	Dan 6/18/15 8	I have not	for the Elslamic. been receiving my told by nurse
20 Do that t	medters or	n the 11-7 she	It is sufface
to bring our me	ds. For the	Pirst three	lays of our fast
a medteck twou	ld bring the	A.M meds to	our cells around
3 a.m. After the	Pirst three o	lays they stop	giving me my
meds. This is a	clear vanda	been violation	of the my
constitutional re	ight and sli	scrimination.	pond against my
Relief Requested:	0	0 1 0	0 0 4
to receive my	A.M meds be	fore the time	for fasting
begins	NCV ordevance due to a substat	ntial risk of imminent personal inju	ry or other serious or irreparable harm to self.
De Andre Cray	Local epider's Signature	M300i	
		reverse side if necessary)	
_	Counselor's	Response (if applicable)	
Received: 1 / 11 / 10	Send directly to G	Adm	ide jurisdiction of this facility. Send to inistrative Review Board, P.O. Box 19277,
A come of	this grievance	A A Sprii	nglield, IL 62794-9277
Responsed to the season	Du1	1.0 . 0.	worded to the grievan
office you will	ruene a fir	al vesporse,	from the gravance
offer since the	bealth con	unit respond	is to same.
1		Dining	7,11,15
Frint Counselo	r's Name	Counselor's Sig	gnature Date of Response
RECEIVE	EMERC	ENCY REVIEW	
Peceived: SEP 3 0 2015 ADMINISTRAT REVIEW BOAL	11/15	Of	Yes; expedite emergency grievance No; an emergency is not substantiated. Yender should submit this grievance the normal manner. ////
CH	uel Administrative Officer's Signature		Date
Distribution: Master File; Offender		Page 1	DOC 0046 (8/2012)

TILINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

t the most
religious practice because we are not getting our meds
a land Too Hort Swit ag to make
$\frac{1}{2}$
11 - 2 110/14 / This feed and The Mill There was the state of Allen and the state of the state o
the 7-3 shift when they brought my meds on that shift. And
my meds are (watch) meds so el can not hold them until
cussis team several times and each time my request has
been devied by staff such as acting Sats Alveray, Bursta. Agt. Paggo and Sts. Jacobs and St. Sykes.
treen denied try start successful of the Author
Agt Payor and also greates and according
,

boûs S

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DOC 0046 (8/2010)

Çiriribirliği; Məslər File; Ollandar



The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfie	ld, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844
Offender Name: Crawford, Do An	dre Date: 2/4/16
Register # M 300 80	
Facility: Statevile	
a formal hearing. A review of the Grievance, Grievance Office grievance that is direct review by the ARB, a review of the Gri	This office has determined the issue will be addressed without er/CAO response to the grievance has been conducted. For a levance has been conducted. Grievance Number: H751 Griev Loc: Stokev 6
O Transfer denied by the Facility or Transfer Coordinator	O Commissary
O Dietary	O Trust Fund
O Personal Property	O Conditions (cell conditions, cleaning supplies)
O Mailroom/Publications	O Disciplinary Report dated
O Assignment (job, cell)	Sother Medical treatment for
Based on a review of all available information, this of	office has determined your grievance to be:
O Affirmed, Warden is advised to provide a written response of corrective action to this office by	 Denied as the facility is following the procedures outlined in DR525.
O Denied, in accordance with DR504F, this is an administrative decision.	 Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
Denied, this office finds the issue was appropriately addressed by the facility Administration.	 Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
 Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments) 	O Denied as this office finds no violation of the offender's
O Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with transfer procedures and is an administrative decision.	due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
Other:	
FOR THE BOARD: Sarah Johnson Administrative Review Board	CONCURRED: John R. Baldwin Acting Director 2/5/14
CC: Warden, Stote Correctiona	Center 12 MGM

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE



Grievance Officer's Report Grievance # H751 Date of Review: 8/27/15 Date Received: 8/25/15 ID # M30080 Committed Person: Crawford, DeAndre Nature of Grievance: MEDICAL Treatment Facts Reviewed: Grievance Officer finds that per Medical Staff AFTER REVIEWING THE OFFENDERS MEDICAL RECORDS: THE GRIEVANT COMPLAINS OF BEING DENIED PROPER MEDICAL TREATMENT Response: : After reviewing offender medical record. Offender was seen by Nurse sick call 7/14/15 referred to MD/SC7/17/15, medications ordered follow up in one month. 8/14/15 Seen in MD/SC medications ordered and referred to the Medical Director. All proper policies and procedures have been followed at that time. All proper policies and procedures have been followed at this time. If offender has any more issues he should follow the proper sick call procedures. This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis. ECEIVED SEP 3 0 2015 ADMINISTRATIVE REVIEW BOARD No action as grievant appears to be receiving appropriate medical care at this time. Recommendation: JILL PARRISH CC2 Print Grievance Officer's Name (Attach a copy of Committed Person's Grievance, Including counselor's response if applicable) Chief Administrative Officer's Response Remand ☐ I do not concur Date Received: Comments: Chief Administrative Officer's Signature Committed Person's Appeal To The Director Lam appealing the Chief Administrative Officer's decision to the Director. Lunderstand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.) Committed Person's Signature

OFFENDER'S GRIEVANCE

Date: 7/25/15	Offender: DEANG	bre Crawfo	ord	M30080
Present Facility: StateV			Statevar	NAGE OFFICE
NATURE OF GRIEVANCE:	1110			
Personal Property Staff Conduct Transfer Denial by Facility	Mail Handling Dietary Transfer Denial by Tr	Hestoration of Good Time Medical Treatment ransfer Coordinator	e ☐ ADA Día ☐ HIPAA ☐ Otherwa	sability Accommodation
Disciplinary Report:	Date of Report	- 1 / 1	Facility where issued	
Note: Protective Custody D	enials may be grieved immedia	itely via the local administratio	n on the protective o	ustody status nouheation.
Complete: Attach a copy of any pert Counselor, unless the issue in Grievance Officer, only if the Chief Administrative Officer, Administrative Review Board administration of psychotropic Administrative Officer.	inent document (such as a Dis volves discipline, is deemed ar issue involves discipline at the p only if EMERGENCY grievant, I, only if the issue involves tran- drugs, issues from another fact	ciplinary Report, Shakedown Re emergency, or is subject to do present facility or issue not res e. sfer denial by the Transfer Cod lity except personal property is	cord, etc.) and send irect review by the A olved by Counselor. ordinator, protective isues, or issues not	to: dministrative Review Board. custody, involuntary resolved by the Chief
Summary of Grievance (Provide Infor	mation including a description of			I I A. C -
Sick call for area. She che Crut Ail Rawing Changed the would have	seen Coy fain in m h my me to check my	LPN Tiffan y left sko for the fa shoulder that should I talsh the el was sh	y for i	N-HOUSE MA COOK My Cook My Cook Was Was Was Was Cook Cook
Check only if this is an EMERG	ENCY grievance due to a subs	tantial risk of imminent person	al injury or other ser	ious or irreparable harm to self.
a Andre Cu	Mender's Signature	M3	0080 ID#	7,25,15 Dala
	Counselor'	s Response (if applicable	a)	
Response: A copy of	/	Grievance Officer	Outside unlediction	of this facility. Send to new Board, P.O. Box 19277, 194-9277 Led to the Heurister Proposed to the
The guevana office	e. You will see the for	reserve a fr	val endp	es to same.
L. Donis Print Counsel	or's Name	Counse	or's Signature	7 31/5 Date of Response
	EME	RGENCY REVIEW		
Date Received: SEP \$ 0 2018 ADMINISTRATION	/E	to be of an emergency nature	□ No: an eme	te emergency grievance rgency is not substantiated. I submit this grievance anner.
REVIEW BOAR	D			// Date
	Chief Administrative Officer's Signat	ure		DOC 0046 (8/2012 _/
		Page 1		PGC 20 14 (-11

Distribution: Master File; Offender

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ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: Crawtord Deandre M30080
Facility:
Grievance: Facility Grievance # (if applicable)
The attached grievance or correspondence is being returned for the following reasons:
Additional information required:
Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
Provide dates of disciplinary reports and facility where incidents occurred.
Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board Office of Inmate Issues 1301 Concordia Court
Springfield, IL 62794-9277
Misdirected:
☐ Contact your correctional counselor regarding this issue.
Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
☐ Contact the Record Office with your request or to provide additional information.
Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
Address concerns to: Illinois Prisoner Review Board 319 E. Madison St., Suite A Springīield, IL 62706
lo further redress:
Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
This office previously addressed this issue on
Date No justification provided for additional consideration.
The factorist provided for detailed and the factorist provided for the fact
ther (specify);
trei (specify),
1.28,16
ompleted by: Sarah Johnson Sarah Tohnson 12-0 W Print Name Signature Date

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ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

3408

Date: / / GRIEVANGE SEES	
12/17/15 (Please Print) DEANGRE Crawford MSUCEC	
Present Facility. Storteville , Issue occurred: Storteville , Issue occurred:	<u></u>
NATURE OF GRIEVANCE: Comparison of Good Time	ıß
Personal Property Mail Handling Hestoriation of Good 7 time HIPAA Staff Conduct Dietary Medical Treatment HIPAA	
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify):	
Disciplinary Report:/ Facility where issued	
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification	1.
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, acc.) and send to: Counsetor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Box Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer. Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information including a description of what happened, when and where it happened, and the name or identifying information including a description of what happened, when and where it happened, and the name or identifying information including a description of what happened, when and where it happened, and the name or identifying information including a description of what happened, when any other including a description of what happened, when any other including a description of what happened in the province of the context of the province of the context of th	ard.
tor each person involved):	
A filling Pellout, my loags of some some Day 2014.	 91.
temporary Dilling that was fut in around Dec 2019	en,
Jan 2015. Il put in a sexulour opilional ear madion reques	1. J.
received any Teentment. I fut in a medicine regular	
slep over the weekende Monday 12/19/15 Se spoke to	D.
Neirse Paige who was passing out meds, a littlement	
To file that my lemperary freely the to a my barn of	and
Causeing me pain and could not take my the first	
blood pressure meds because to it kinds when any	
Relief Requested: to Rave my tooth fixed	
Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm t	o self.
De La Dre Crawford M30080 12,117, 15	•
Qliender's Signature (Continue on reverse side it necessary)	
Counselor's Response (if applicable)	
Date Control Control	
Received: // / Send directly to Grievance Officer Administrative Review Board, P.O. Box 192' Springfield, IL 62794-9277	77,
Response: ADAMNISTRATIVE	
REVIEW BOARD	
, ,	
Print Counselor's Name Counsolor's Signature Date of Respon	S6
EMERGENCY REVIEW	,
Date /9 20 . /	
Received: // 1901 / Is this determined to be of an emergency nature? Yes; expedite emergency grievance	d.
Offender should submit this grievance in the normal manner.	
Date Date	<u>) </u>
Chief Administrative Officer's Signature	(8/2012
Distribution: Master File; Oflender Page 1	1

Process on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

thing toucker it. She taloh me to put in a slep for
or b call frequence their count went send me to dentale
of out a reason ale on and wear soon ley themse tills
later on 12/14/15 number mills examined me and said that
Il had a lies en hale in my tooth, and that he would
call De Mitchell the dentistato get me seed, It lade
spoke to co Willington and asked Rim to call dental
to see of they were nonna call me over C/O Willington
said " of their want you then I call for you. El then spars
to Sat Panagger and explained it to him he said!
I'm not calling anybody. They're calling for the people they
evant. " On 12/15/15 el spoke to nuse polar eville, she
passed out meds. She told me to put in another request.
slep. Again nurse Wills was running sick call. He refused
to take my request slip and said he saw me already and did all he could do, and if Dr. Mitchell wanted
to see me shill call me over il spoke to Agt. Panayyo
while he was on four galley. He said "il tald you
yesterday elm noti calling anyloody. ell they went you
they'll coell wou!" On 12/10/15 el spoke to nuise foringe
and all and all would talk to be would
C/o Borota tald nurse galaige "year me tald me
about that yesterday el parget to tell you."
Later that day I spoke to afficier Nomen (Regnet)
He said he'd see what he could do it talk to newse
Leffony who was running sick call with LPN Lidda.
Sillary said their was nothing she could be.
El was tald by nurse louge that she kned talk
to Dr. Mitchell and ske Dr. Market said said
come to dental el vi been given two call passes and
Come to dental. El vi licen sulver live con persone
Central Kas not Handred lether our
,

DOC 0048 (8/2010)

PROOF OF SERVICE

Please take Notice that on that 8th day of January 2016. I DeAndre Crawford have placed an answered and signed emergency grievance STA#5006 in the Stateville Correction Center mail Service. This document is addressed to the Administrative Review Board Board in Springfield, IL.

To: Administrative heview Board P.O. Box 19277 Springfield, IL. 62794-9277

> Respectfully De Andre Crawford #M30080 P.O. Box 112 Joliet, IL 60434

Subscribed and sworn to before me this 8th day January, 2016.

Savid Mantfield

"OFFICIAL SEAL"
DAVID MANSFIELD
MOTAST PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/26/2018

RECEIVED

JAN 12 2016

ADMINISTRATIVE REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: Crawford Desandre MI M30080
Last Name First Name
Facility: Statevelle, CC
© Grievance: Facility Grievance # (if applicable) 1520 Dated: 5/15/15 or □ Correspondence: Dated: Received: 6/29/15 Regarding: 144/16 Andust 1/0 Alvaria
Dale
The attached grievance or correspondence is being returned for the following reasons:
Additional information required:
Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
☐ Provide dates of disciplinary reports and facility where incidents occurred.
Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Office of Inmate Issues
1301 Concordia Court Springfield, IL 62794-9277
Misdirected:
Contact your correctional counselor regarding this issue.
Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
Contact the Record Office with your request or to provide additional information.
Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
Address concerns to: Illinois Prisoner Review Board 319 E. Madison St., Suite A Springfield, IL 62706
Springheid, iz 62766
No further redress:
Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
This office previously addressed this issue on
☐ No justification provided for additional consideration.
Other (specify): ARB received 30 stays past CAO's signature
11 10 16
Completed by: Leslie McCarty Leslie McCarty Signature Date

Distribution: Offender Inmate Issues

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DOC 0070 (Rev.4/2013)

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

	Grievan	ce Officer's Report	
Date Received: 4/13	/15 Date of Re	view: <u>5/25/15</u>	Grievance # (optional): 1520
Committed Person: DeAnd	re Crawford		ID#: M30080
Nature of Grievance: Staff	Conduct – Performance of Dเ	uty	
Facts Reviewed: Grievant of against.	laims on 3/15/15, C/O Alvarez	refused to let him go to chow. H	e does not want to be retaliated
Per Counselor Dennis, on 3/2 disrespectful manner. Theref	27/15 C/O Alvarez stated Crawfore, he was not allowed to go to	ord's cell was not in compliance and chow and she stated Crawford was	d was talking to her in a very s given a tray.
Grievant fails to provide any	sufficient evidence of any staff r	nisconduct or any retaliation.	
		1 X 1	
Recommendation: N	lo action.		
		\wedge	
			100/20
Anna McBee, CCII		UUU	evance Officer's Signature
Drin! G	ievance Officer's Name Attach a copy of Committed Person's	Grievance, including counselor's respons	
	Chief Adminis	trative Officer's Response	
Date Received:		concur .	r Remand
Comments:			
		ADI RE	MINISTRATIVE VIEW BOARD
			15 A Freed
		n / An	1 1
	James 1	William &	5/27/15
Chief Administrati	ye Officer's Signature	on's Annual To The Director	Date
		on's Appeal To The Director	
I am appealing the Chief Admini Chief Administrative Officer's de original grievance, including the c	strative Officer's decision to the Dir cision to the Administrative Review ounselor's response, if applicable, an	ector. I understand this appeal must be Board, P.O. Box 19277, Springfield, IL of d any pertinent documents.)	submitted within 30 days after the date of the 62794-9277. (Attach a complete copy of the
De Andre	,	M30086	10/19/15

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

3408

I	Offender:	^ \	1D#:
Date: 5/15/15	(Please Print) DEA Nd	re Crawford	M 30080
Present Facility: Statevill	۳	Facility where grievance Issue occurred: \$+0,+0	eville principalica office
NATURE OF GRIEVANCE:			k
	— •• •••	Restoration of Good Time	ADA Disability Accommodation
Personal Property	Mail Handling	Medical Treatment	□ HIPAA A C ↑
Staff Conduct	☐ Dietary L ☐ Transfer Denial by Tr	J	Other (speeding)
Transfer Denial by Facility	[Hallston Doniel by A	,	S. S. E. J. S. T. T. S. C. S.
Disciplinary Report:	/ / / Date of Report	Facili	ly where issued
	•	tale via the local administration on t	ne protective custody status notification.
Grievance Officer, only if the is Chief Administrative Officer, on Administrative Review Board, administration of psychotropic do Administrative Officer	rolves discipline, is deemed an sue involves discipline at the p only if EMERGENCY grievance only if the issue involves trans rugs, issues from another facil	emergency, or is subject to direct represent facility or issue not resolved as a second of the subject to direct represent facility or issue not resolved as a second or issues, ity except personal property issues,	by Counselor tor, protective custody, involuntary or issues not resolved by the Chief
			ppened, and the name or identifying information
Lodan Lt. E. Jan	cobs at the r	egyest of Clo	Alvaraz refused
me chow which i	5 a violation	v of my const.	tutional rights,
and right, under	the congress	med persons as	t. Elnmater in
I DOC are to has	re/ Abe Leed	three meals	or slay. C/o
Alvaraz told Lt.	Jacobs Not	to let me out	for chow. They
bath came outsid	e and sent	me back to m	y cell, il was
not owen a low	lay in tray	, either which	is a violation
I my rialto do	- begin and		en who was the
1 - ()	uina out los	111 -9	with c/o Alvaraz
gallary was the	going out for		
Relief Requested:			
			All on the same of
Check only if this is an EMERGEN	ICY grievance due to a substa	ntial risk of imminent personal injury	or other serious or irreparable harm to self.
	0 0		n = 170
De Andre Crau	y (100) Ider's Signature	<u>M3008</u>	Date
	(Continu e on	reverse side if necessary)	
	Counselor's	Response (if applicable)	
Date 2 19 06		courses Officer D Outside	le jurisdiction of this facility. Send to
Received: 11 / 10	Send directly to G	Admin	instrative Review Board, P.O. Box 19277, infield, IL 62794-9277
Response: M 901	15 % al	leter dold (Law goods cell
Dar not in con	upliance as	of fixe was to	thing to her w
D. Notes divesor	Hall man	ur. Therefore	And was not
Of Ord to con	to chow	and she state	I Crowpord was
aunt a trois.	<u> </u>		-
1. Dendis		Linus	Date of Response
Print Counselor's	Name	Counselor's Sign	HIN 2.9 21116
		SENCY BEVIEW ADM	INIO TO
	EMER	GENCY REVIEW ADM	INISTRATIVE
Date			TEW BOARD
Received:/	ls this determined to	De of all cine gollo,	Yes; expedite emergency grievance No; an emergency is not substantiated.
		Off∈	ender should submit this grievance
		in th	ne normal manner.
			/ / Date
Chie	l Administrative Officer's Signature	3	Date

OFFENDER'S GRIEVANCE (Continued)

	,
C/O Green let me out. C/o Alvaraz coilled me back to turn	
off my t. v. she talk C/O Chreen to continue Keying out while	<u>'</u> -
she dealt with me it went book in my cell and twented the	1
t. V. offer c/o Alvaraz told me to two off my celly t. V. too. 2	<u>l</u>
talol that's not miner, and il'm not touching his t. V."	<u></u>
She asked me my name of told her Crawford, Ahr said,	
"Oh you're the one that wrate me up . el got you." So	
acting in retalication she talk 2+. Jacobs Not to let me out	<u></u>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
for chow of now fear that it will constantly by a	
target of relatiation whenever C/O Alvaraz works in	
B- house, which could put me in harms way	
	
·	

•	Proof of Service
entere entere present. Asphylyppe prosperities company, A. A. 1889.	
ad Phonogram (the control of the con	I DeAndre Crawford sworn under penalty
Auriganti que quien que antida em de la matematica de la contribito de la	of perjury do swear to the following:
meng jambangangan pagai sajahak dala sasaMalan ad hiku sasa sasa sasa sasa da hiku sasa sasa sasa sasa sasa sa	I am placeing grievance # 1520 and
3	accompanying affidiavits in the Stateville
A STATE OF THE STA	Mail Service on this day June 19, 2015.
T0 8	
No. of the second secon	Administrative Review Board
gyananyananahan da Labaya ya 🕳 sabanahan saba	P.O Box 19277
naghan di mahdan ka	Spring field, IL. 62794-9277
range. For a symbolish had a stay of a special stay of	Respectfully De Andre Crowford #M30088 De Andre Crowford
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BRUCE RAUNER

Governor

DONALD STOLWORTHY

Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

May 29, 2015

DeAndre Crawford Register No. M30080 Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on November 19, 2014, regarding Medical (injury, 5/14/14), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Crawford grieves on May 14, 2014 he had a siezure and fell out of bed. He grieves he was seen by Dr. Obaisi and did not receive an exam. He claims he was only asked two questions. He grieves due to the fall he broke his tooth. He states he was seen by Dr. Brooks regarding the tooth. He grieves he was not provided a prescription for Penicillin or Ibuprofen. He grieves he was in the cell since October, 2013 and was not assigned to the bottom bunk.

The Grievance Officer's Report (M229) and subsequent recommendation dated November 5, 2014 and approval by the Chief Administrative Officer on November 10, 2014 have been reviewed.

Medical records indicated Offender Crawford was seen by the Medical Director on the day of his fall and was referred to Dental. It is noted Offender Crawford had a low bunk permit valid from April 30, 2014-April 30, 2015. This office contacted Placement Office staff who indicated they had not been made aware of Offender Crawford's low bunk permit. It is also noted every effort is made to accommodate the low bunk permits provided to offenders.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance be considered moot at this time, as Offender Crawford was assessed and provided medical treatment for his injury. Offender Crawford is advised to notify the cellhouse security and/or placement office with regard to any current medical permit.

FOR THE BOARD:

Sarah Johnson

Administrative Review Board Office of Inmate Issues

CONCURRED:

Donald Stolworthy

Director

CC:

Warden, Stateville Correctional Center DeAndre Crawford, Register No. M30080

Johnson, Sarah L.

From:

Rabideau, Karen

Sent:

Friday, May 29, 2015 11:49 AM

To:

Johnson, Sarah L.; Baldwin, Jerry; Navarro, Kim

Subject:

RE: Low bunk

Usually the only way I am told that a guy has a permit is when they come back from the HCU with their new/updated permit and they show the cellhouse security staff. The unit usually calls me then and tells me, and arrangements are made to try to move them. The huge issue is that there are so many guys given these permits – at this current time, every single cell on the two low galleries in my general population units has someone in the cell with a permit, so there is literally nowhere for me to move them if they get a new one. Sometimes I may have an available cell in Unit F, population overflow, but not always.

Medical does not send me anything nor do they call. Either the unit calls or the inmate himself writes me about it.

From: Johnson, Sarah L.

Sent: Friday, May 29, 2015 11:44 AM

To: Baldwin, Jerry; Rabideau, Karen; Navarro, Kim

Subject: RE: Low bunk

Ok, so the offender has to write to placement or healthcare staff are to send a copy of the permit to placement? Or both? Seems like it would be hard for the offender to get a copy of his permit to send to placement? Also, based on this information, the offender was not in the bottom bunk in May due to his permit being expired correct? thank you all for your help with this matter.

From: Baldwin, Jerry

Sent: Friday, May 29, 2015 11:16 AM

To: Rabideau, Karen; Johnson, Sarah L.; Navarro, Kim

Subject: RE: Low bunk **Importance:** High

Sarah that is right Karen was not written by the inmate. My synapses don't work so well as I have gotten older these days. Sorry.

Jerry J. Baldwin Casework Supervisor The Stateville Correctional Center

From: Rabideau, Karen

Sent: Friday, May 29, 2015 11:12 AM

To: Baldwin, Jerry; Johnson, Sarah L.; Navarro, Kim

Subject: RE: Low bunk

The inmate had NOT written me about it

From: Baldwin, Jerry

Sent: Friday, May 29, 2015 11:11 AM To: Johnson, Sarah L.; Navarro, Kim

Cc: Rabideau, Karen Subject: RE: Low bunk

Sarah, I just spoke with Placement Officer Karen Rabideau and she was unaware that Crawford had a low bunk permit. The inmate had written her and staff did not bring it to her attention so no action was taken on her part. Crawford is in a cell with Raymond King N54043 and he does have a low bunk permit. OTS now indicates that the low bunk permit expired.

OMOMD007 ILLINOIS DEPARTMENT OF CORRECTIONS -- OTS 5/29/15

MEDICAL EXCEPTION INQUIRY

11:08:26

IDOC#: M30080 CRAWFORD, DEANDRE

1 A M STA-B -04-08

02/12/2088

BIRTHDATE: 2 2 79

MEDICAL EXCEPTION:

EFF. DATE

ENDING DATE

TRANSFER STOP

00

APPROVED FOOD HANDLER

LOW BUNK REQUIRED

00

4 30 14 4 30 2015

LOW GALLERY

4 30 14

4 30 2015

SLOW WALK PASS

00

LIGHT DUTY REQUIRED

00

SPECIAL HOUSING

00

MEDICAL LAYIN

WHEELCHAIR

00

HANDICAPPED

00

00

00

OTHER

00

THERAPEUTIC DIET:

NOT FOUND

00

LIVING WILL N HEALTH CARE PLANNING NOT FOUND

NEXT KEY DATA: IDOC #: M30080

INQUIRY COMPLETE

PLEASE ENTER NEXT KEY DATA

Jerry J. Baldwin **Casework Supervisor** The Stateville Correctional Center

From: Johnson, Sarah L.

Sent: Friday, May 29, 2015 11:06 AM

To: Navarro, Kim Cc: Baldwin, Jerry Subject: RE: Low bunk

Thank you. I was told by the switch board that you were the person. Sorry.

From: Navarro, Kim

Sent: Friday, May 29, 2015 11:05 AM

To: Johnson, Sarah L.

Cc: Baldwin, Jerry Subject: RE: Low bunk

Good Question!!! I have been here for two years and I still am not used to working in such a big facility!!!! I am coping Jerry Baldwin in on this message, I'm hoping he can point you in the right direction...

From: Johnson, Sarah L.

Sent: Friday, May 29, 2015 11:01 AM

To: Navarro, Kim Subject: RE: Low bunk

Who would that person be to contact for his bed assignment?

From: Navarro, Kim

Sent: Friday, May 29, 2015 11:01 AM

To: Johnson, Sarah L. Subject: RE: Low bunk

If you need any further information, that inmate is on the Stateville side.... They would be able to help.

From: Johnson, Sarah L.

Sent: Friday, May 29, 2015 10:59 AM

To: Navarro, Kim Subject: RE: Low bunk

Ok, thank you.

From: Navarro, Kim

Sent: Friday, May 29, 2015 10:59 AM

To: Johnson, Sarah L. **Subject:** FW: Low bunk

From: Lefevers, Jean

Sent: Friday, May 29, 2015 10:58 AM

To: Navarro, Kim Subject: FW: Low bunk

I'm sorry, I read this wrong. He had a low bunk permit and it expired April 30, 2015. I'm waiting on the unit to call me back with his bed assignment.

From: Lefevers, Jean

Sent: Friday, May 29, 2015 10:54 AM

To: Navarro, Kim **Subject:** RE: Low bunk

Ok, he had one but it expired April 30, 2015

From: Navarro, Kim

Sent: Friday, May 29, 2015 10:51 AM

To: Lefevers, Jean **Subject:** FW: Low bunk

HELP?!?!?!

From: Johnson, Sarah L.

Sent: Friday, May 29, 2015 10:48 AM

To: Navarro, Kim **Subject:** Low bunk

Can you please advise if M30080 Crawford is in a low bunk in cell B 04 08? Thank you.

Sarah L. Johnson Administrative Review Board Office of Inmate Issues (p) 217-558-2200, extension 2110 (fax) 217-522-1957

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	Certificate Of Service
T0 %	Administrative Review Board
	P.O. Box 19277
	Springfield IL. 62794-9277
	Please take notice that on the
	19th day of November, 2014 I have
	placed the attached and enclosed
	document in the institutional mail
	at Stateville Correctional Center,
	properly addressed to the party listed
	above for mailing through the United
	States Postal Service
	Dated: 11/9/14
	De Andre Comford #M30086
	De Andre Cranford #M30086
	P.O. Box 112
	Joliet, IL. 60434
	RECEIVED
	Subscribed and Sworn NOV 19 2014
	to before me this 19th day INMATE ISSUES
	November 2014 TOFFICIAL SEAL ?
1	A DAVID MANSFIELD 3
	famid Mentfuld [NOTARY PUBLIC, STATE OF ILLINOIS] MY COMMISSION EXPIRES 10/26/2018
\	

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

	Grievance Offic	cer's Report	
Date Received: 3/3/14	Date of Review: 11/	5/14	Grievance # M229
Committed Person: Crawfor	d, DeAndre		ID#: M30080
Nature of Grievance: Medical			*
		90	,
Facts Reviewed: GRIEVANT	C/O NOT RECEIVING PROPER MI	EDICAL TX	8-7
		le de la constante de la const	P
Grievance Officer finds that p	er T. Utke, LPN after a review of Me	dical Hecords	
After reviewing offenders media low buck/low gallery permit.	cal record he was seen by the medical	director on the day of his fal	l and was referred to dental and has
			,
This Grievance Officer has no n	nedical expertise or authority to contra	dict the doctor's recommenda	ation / diagnosis.
	(e., y., y.	•	<i>e</i>
Recommendation: No a	action as grievant appears to l	be receiving appropria	te medical care at this time.
			* 1
			,
Jill Parrish, CCII		Ga	ce Officer's Signature
Print Grieva	ance Officer's Name ach a copy of Committed Person's Grievance,		
	Chief Administrative C	Officer's Response	
Date Received: ///7/	114 RI concur	☐ I do not concur	Remand
Comments:		,	MOVEIVE
		· 96	NAFF10- 2014
			MATE ISSUES
	1 71/1	7.	Winlia
Chief Administrative C		ans go	Date
	Committed Person's Ap	2000	<u> </u>
ot : - f A desiminate of the or's decisi	tive Officer's decision to the Director. I unone to the Administrative Review Board, P.Coselor's response, if applicable, and any perting	J. Dux 13211, Opinightia, it of	omitted within 30 days after the date of the 94-9277. (Attach a complete copy of the
1 1 1	0 1	11 20000	11/17/111
De Andre Ce	auford	M 30080	Date

	OFFENDER'S GRIEVANCE	3408
Date: 5/14/14	Ottender: DeANdre Crawfor	J. M30080
Present Facility: State Vill	Facility where grisvance issue occurred:	Spaleville
NATURE OF GRIEVANCE:	STA# MY	
☐ Personal Property ☐ Staff Conduct ☐ Transfer Denial by Facility	☐ Mail Handling ☐ Restoration of Good Tin ☐ Dietary ☐ Medical Treatment ☐ Transfer Denial by Transfer Coordinator	□ ADA Disability Accommodation □ HIPAA □ Other (speedy).
	/ / Date of Report	Facility where issued
	nials may be grieved immediately via the local administratio	
Counselor, unless the lesus inv Grievance Officer, only if the iss Chief Administrative Officer, o Administrative Review Board, administrative Officer.	only if the issue involves transfer denial by the transfer our ugs, issues from another lacility except personal property is	olved by Counselor. ordinator, protective custody, involuntary sues, or issues not resolved by the Chief
Summary of Grievance (Provide Inform	ation including a description of what happened, when and when	s it happened, and the name or identifying infollation
Charle my front to and fossible head Obaisi. He asked you at! And the exam was done sugares. I have seizures. I was al wase Crath.	L. El was token to HCO a me exactly two question. second was " Dist you to at orll, El Rove Crown e a low brunk flernit Lam not suppose to ha Mrs. Rabinean and the	Inmage to my nose Ind seen by Norton Gre was "where are Vit your lip". No Drainage coming out Execuse 2l have en warden Lambe
	Counselor's Response (if applicable)	
Response: Copy of a grewance of for Courselors. Date Received:	chisquevance for bunde de diginal for se seed to cor the health core unit its grivance oppies once the	Dutside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277. Springfield, IL 62794-9277 forwarded to the Hour for Deem your copy to Journal racewar Jestin care wind respond Signature Dete of Response
		No; an emergency is not substantiated. Offender should submit this orlevence in the normal manner.
Chief	Administrative Officer's Signature	Date
Distribution: Master File; Otlender	Page 1	DOC 0046 (8/2012)

OFFENDER'S GRIEVANCE (Continued)

OFFERD OF THE
about this in October 2013 Oxfore & was: moved into
this sell with another inmate that also has a low brunk
all the waster was the second
and Decaying Ken on Canada
1 0 0 A North They
since then and had two cether seigures rence the none mouth and sholder has been hurting sence the party from the top brinks After being own the tooth because
nose mouch me and A) the breng own of the the property
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DOC 0046 (8%01)



BRUCE RAUNER

Governor

Donald Stolworthy

Director

	2794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844
Offender Name: Crawtova, Dland	re Date: 4/7/15
Register#	
Facility: Stateville	
This is in response to your grievance received on 10/1/1	. This office has determined the issue will be addressed without
a formal hearing. A review of the Grievance, Grievance Office grievance that is direct review by the ARB, a review of the Grievance that is direct review by the ARB, a review of the Grievance that is direct review by the ARB, a review of the Grievance of the Gr	er/CAO response to the grievance has been conducted. For a
Your issue regarding: Grievance dated: 8 3/19	
O Transfer denied by the Facility or Transfer Coordinator	O Commissary
O Dietary	O Trust Fund
O Personal Property	O Conditions (cell conditions, cleaning supplies)
O Mailroom/Publications	O Disciplinary Report dated
	Incident #
O Assignment (job, cell)	to other Clowalker refused to allow,
Based on a review of all available information, this of	office has determined your grievance to be um to get lab
Affirmed, Warden is advised to provide a written response of corrective action to this office by	O Denied as the facility is following the procedures outlined in DR525.
	O Denied as Cell Assignment/Housing is consistent with
O Denied, in accordance with DR504F, this is an administrative decision.	the Department's determination of the appropriate Operational capacity of each facility.
Denied, this office finds the issue was appropriately	O Denied as procedures were followed in accordance with
addressed by the facility Administration.	DR 420 for removal/denial of an offender from/for an assignment.
O Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	O Denied as this office finds no violation of the offender's
O Denied, as the transfer denial by the facility/TCO on	due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the
was reviewed in accordance with transfer procedures and is an administrative decision.	offender committed the offense cited in the report.
	O Denied as the security staff are following the
O In addition, property items are to be disposed of in accordance with DR501C.	established schedule for dispensing cleaning supplies to the offender when possible.
Other: Medical records indicated to such	cate Lab work completed stantiate claim of staff misconduc
On 1 21	Siarrian Chairman Start Misconson
FOR THE BOARD: Will DA ISA	CONCURRED: A SUNKTHY
Sarah Johnson Administrative Review Board	Donald Stolworthy A
CC: Warden, Stateville , Correctional	Center 4/20/15
De Arrare Crantord, Register No	o. <u>M30080</u>

Johnson, Sarah L.

From:

Utke, Tiffany

Sent:

Tuesday, April 07, 2015 10:08 AM

To:

Johnson, Sarah L.

Subject:

RE: Crawford, M30080

He was seen 8/1/14 for the lab draw. Also seen in Seizure and HTN clinics 8/12/14

From: Johnson, Sarah L.

Sent: Monday, April 06, 2015 9:24 AM

To: Utke, Tiffany

Subject: Crawford, M30080

Can you please check the above offender's medical file and advise if he had a scheduled pass for lab work to be completed on 7/30/14? If so, did the offender show up? If not, what is the documented reason? Was he rescheduled, when? Thank you. I appreciate your help.

Sarah L. Johnson Administrative Review Board Office of Inmate Issues (p) 217-558-2200, extension 2110 (fax) 217-522-1957

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RESPONSE TO COMMITTED PERSON'S GRIEVANCE \$408

£ — 100	Grievance Officer's Report	
Date Received: 8/19/14	Date of Review: 8/22/14	Grievance # 2483
Committed Person: Crawfor	d, DeAndre	ID#: M30080
Nature of Grievance: Staff Co	enduct-	
Facts Reviewed:		
Grievant states on 7-30-14 he a pass causing him to miss h action against C/O Walker.	had a call pass for Lab at 8:00am and C/O Walker refused to a previous incident with C/O	o let him out after he told her he had) Walker and seeks disciplinary
Counselor response states that stated that Crawford never show	on 8/13/14 C/O Walker stated Crawford is fabricating the events ved her a pass.	and stated that Crawford is lying. She
Grievance Office response: Una	able to substantiate staff misconduct. Grievant does not have a s	ay in the discipline of staff.
	DE	CEIVED
		CT 0 1 2014
	INM	FFICE OF ATE ISSU ES
Recommendation: No	action. Unable to substantiate staff misconduct.	
Jill Parrish CC2	All	Harrish CC4
Print Grieva	nce Officer's Name Grie ch a copy of Committed Person's Grievance, including counselor's response	vance Officer's Signature e If applicable)
	Chief Administrative Officer's Response	
	The Administrative Officer's Response	
Date Received: $9/8/$	// I concur I do not concu	Romand
Comments:	,	
	_	0
	4111	540
	Tally Willea	4/8/14
Chief Administrative O	Committed Person's Appeal To The Director	Pars
l		
Chief Administrative Officer's decision	ive Officer's decision to the Director. I understand this appeal must be s on to the Administrative Review Board, P.O. Box 19277, Springfield, IL 6 selor's response, if applicable, and any pertinent documents.)	submitted within 30 days after the date of the 2794-9277. (Attach a complete copy of the
	Λ	
Sk Andre C	itted Person's Signature #M3008	0 9/24/14 Date

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

B408

Date: 8/3/14	Offender: (Please Print) DEANO	dre Crawfor	-d M30080
Present Facility: State Vil	le	Facility where grievance (saue occurred:	stateville
NATURE OF GRIEVANCE:			
Personal Property Staff Conduct Transfer Denial by Facility	☐ Mail Handling ☐ Dietary ☐ Transfer Denial by 1	Restoration of Good Time Medical Treatment Transfer Coordinator	☐ ADA Disability Accommodation ☐ HIPAA GRIEVANCE OFFICE ☐ Other (specify): AUG I 0 202
	Date of Report		acility where issued
Note: Protective Custody De	nials may be grieved immedi	ately via the local administration	on the protective gustody status notification.
Grievance Officer, only if the is Chief Administrative Officer, of Administrative Review Board, administration of psychotropic di Administrative Officer.	clives discipline, is deemed a sue involves discipline at the only if EMERGENCY grievand, only if the issue involves train rugs, issues from another fac	n emergency, or is subject to circ present facility or issue not resol se. nster denial by the Transfer Coon Illity except personal property issi	dinator, protective custody, involuntary ues, or issues not resolved by the Chief
Summary of Grievance (Provide Inform	ation including a description o	f what happened, when and where	it happened, and the name or identifying information
On July 30, 20 Officer D. W.S.	OH El Rad Oker was	a Call pass Reving out Ith Care pass	Pour sallary in er at 7:49 am. 2l
tald Clo Walke	er that El R	ad a call fo	ess for 8:00 and
showed her my	pass. She	said, Campo	nd you know elm
nat conna let	you out o	I ter their la	not stunt you
be back for y	ou at 10:00.	"Bleause Clo	Walker refusal to
Rey Me our il	Disceptino	nu action as	ainst clo Walker
Derause of plan	0 1 0	ber.	Pity due to farthe
☐ Check only if this is an EMERGE	NCY grievance due to a subs	tantial risk of imminent personal i	injury or other senious or irreparable harm to self.
De Andre Crompono	rgnal nder's Signature	м300	080 OCT 082015 114
	(Continue o	on reverse side if necessary)	INMATE ISSUES
Date 8 / 5 / 14	4	Grievance Officer O	outside jurisdiction of this facility. Send to drainistrative Review Board, P.O. Box 19277,
Response: On 8/12	day Opi V	Jalpen states	pringitial of 1 62794-9277
policioting to	he went	1. Dhe stated	Crawpord is
lying. The	stated Craw	for never	showed bera
L. Dunis Print Counselors	s Nama	Counsolor's	Signature S, 13, 14
		IGENCY REVIEW	1
Date	EMER	IGENOT REVIEW	
Received: / /	Is this determined to		Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chie	f Administrative Officer's Signatur	re	/ / / Date

Distribution: Master File; Oftender

Page 1

DOC 0046 (8/2012)

OFFENDER'S GRIEVANCE (Continued)

1 10 has the bridges
rescheduled Il take Depokate and it weakens the Krolneys
rescheduled. Il take Depokate and it weakens on it to if the levels are to high. Co Walkers constant refusal to hey me out when she is, the galley officer or deliberate. Denial of moveing immates when she is the movement
Dan me out rulen she in the gallery officer or exception
The I of movement immates when she is the movement
denial of moveing immalls suchen she by the flows that El afficer is a serious risk to my health. El flows that El
Walker as was the core in this matter. I place for
my health and safety when it comes to Co walker.
The Walth and safely when it contains of meg
Constitutional rights and rights under the Inpresented
Constitutional rights and rights which since Il filed
flam Persons Act. This is the surable, that she
refused to key me out for a pass. Il was scheduled for
an adjustment on my partials on 7/9/14. C/O Walker was
the movement affirer, and platout tald me you might
the movement affect, and flatour sure to the you."
* ,

Dienbullon: Master File; Offender

Pège 2

Primed on Recorded Paper

DOC 0046 (8/2010)



BRUCE RAUNER

Governor

Donald Stolworthy

Director

01 Co		794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844
Offe	nder Name: <u>Crawford</u> , De Andre	Date: 4/0/15
Regi	ister# M 30080	
	lity: Stateville	
a for	mal hearing. A review of the Grievance, Grievance Officer/ vance that is direct review by the ARB, a review of the Griev	. This office has determined the issue will be addressed without I/CAO response to the grievance has been conducted. For a vance has been conducted. Grievance Number: M317, M3 Griev Loc:
0	Transfer denied by the Facility or Transfer Coordinator	
0	Dietary	Trust Fund Medical co-pay 5/23/14, 6
0	Personal Property	Conditions (cell conditions, cleaning supplies)
0	Mailroom/Publications	O Disciplinary Report dated
0	Assignment (job, cell)	Incident #
		O Other
	Based on a review of all available information, this off	
0	Affirmed, Warden is advised to provide a written response of corrective action to this office by	O Denied as the facility is following the procedures outlined in DR525.
_		O Denied as Cell Assignment/Housing is consistent with
0	Denied, in accordance with DR504F, this is an administrative decision.	the Department's determination of the appropriate Operational capacity of each facility.
\not	Denied, this office finds the issue was appropriately addressed by the facility Administration.	O Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
0	Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	O Denied as this office finds no violation of the offender's
0	Denied, as the transfer denial by the facility/TCO onwas reviewed in accordance with	due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
0	transfer procedures and is an administrative decision. In addition, property items are to be disposed of in accordance with DR501C.	O Denied as the security staff are following the established schedule for dispensing cleaning supplies
×	Other: Review of trust fur	to the offender when possible.
	co-Ray. S. J. C. J.	dy or June, 2019 medical
	R THE BOARD: () Man Johnson	CONCURRED: WORLD
	Sarah Johnson Administrative Review Board	Donald Stolworthy Director
CC:	: Warden, Stateville Correctional C	

Proof of Service Please take Notice that on September 25, 2014 I placed a copy of grievances # M316, # M319 and #2483 with responses from the grievance office in the Stateville Correctional Center mail properly addressed to the Administration Review Board. TOO Administration Review Board P.O. Box 19277 Springfield, IL. 62794-9277 Respectfully De Andre Crawford M.30080 P. O. Box 112 Joliet, IL. 60434 Subscribed and Sworn to before me this 25th day of September, 2014 Janid Mansfield DAVID MANSFIELD OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires October 26, 2014

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

	Grievance Officer's	Report			
Date Received:9/5/14	Date of Review: 9/9/14	Grieva	ance# M317, M319		
pino riodorio di si			M30080		
Committed Person: Crawford	, DeAndre				
Nature of Grievance: Medical	Treatment				
Facts Reviewed:					
Grievance Officer finds that p	oer J. Mitchell DDS. AFTER REVIEWING	THE OFFENDERS MEDIC	AL RECORDS:		
Mr. Crawford was initially seen fracturing his anterior tooth. A treatment on 5/16/2014. Due to by Dr. Garg for the follow-up to seen for the initial emergency. Garg advised the patient that he left the clinic	Mr. Crawford has filed a grievance regarding the \$5.00 copay for non-emergency services. Mr. Crawford was initially seen in the dental clinic on 5/14/2014 as an emergency patient after falling from his top bunk and fracturing his anterior tooth. At that time he received analgesics and antibiotics and was scheduled back for a follow-up visit for treatment on 5/16/2014. Due to an institutional lockdown the appointment was rescheduled to 5/23/2014. On 5/23/2014 he was seen by Dr. Garg for the follow-up treatment. Dr. Garg advised the patient that this was not an emergency visit since he had already been seen for the initial emergency. The patient expressed a concern that the work had not been completed and he was still in pain. Dr. Garg advised the patient that he had to pay the \$5.00 co-pay before any additional work could be done. The patient refused to sign and				
existed but it was clearly a follo	ergency and when it is follow-up treatment ow-up visit. The necessary endodontic trea y has an appo <mark>intme</mark> nt on 10/24/2014.	itment has not been started bu	t the patient has been seen		
scheduled 4 times. He current	y nas an appointment on 10/2-7/2014.				
		DEC	EIVED 101204 FICE OF		
		000	r 0 1 2014		
		OF	FICE OF		
		INMA			
This Griovance Officer has no t	medical expertise or authority to contradict	the doctor's/DON's/RN's reco	mmendation / diagnosis.		
	action as grievant appears to be r				
			96.		
JILL PARRISH CC2Print Griev	vance Officer's Name tach a copy of Committed Person's Grievance, inclu		cer's Signature		
	Chief Administrative Office				
Date Received: 9/17 Comments:	1/14 I concur	☐ I do not concur	Remand		
	Tarry	William 4	9/17/14		
Chiel Administrative	Officer's Signature Committed Person's Appea	I To The Director	/ /		
ot to the transfers Officer's decir	rative Officer's decision to the Director. I underst sion to the Administrative Review Board, P.O. Bo nselor's response, if applicable, and any pertinent o	and this appeal must be submitte ix 19277, Springfield, IL 62794-92	d within 30 days after the date of the 177. (Attach a complete copy of the		
De Andre Co	auf gul nmilled Person's Signature	M30080	9/24/14 Date		

Distribution: Master File; Committed Person

times

OFFENDER'S GRIEVANCE

B408

Date: /2 /3 / 14 Offender: (Please Print) D= And	las Croustard	M.30080
Present Facility: (-) - (-)	Facility where grievance Stor	teville
STOITEVI / LE	13000 000011001	
NATURE OF GRIEVANCE: Personal Property	Facility wh	ADA Disability Accommodation HIPAA Other (specify) 17 2014 ere issued STA #
Note: Protective Custody Denials may be grieved immedia		
Complete: Attach a copy of any pertinent document (such as a Dis Counselor, unless the issue involves discipline, is deemed at Grievance Officer, only if the issue involves discipline at the Chief Administrative Officer, only if EMERGENCY grievance Administrative Review Board, only if the issue involves tran administration of psychotropic drugs, issues from another fact Administrative Officer.	n emergency, or is subject to direct rever- present facility or issue not resolved by C e. sfer denial by the Transfer Coordinator, I lity except personal property issues, or is	counselor protective custody, involuntary ssues not resolved by the Chief
Summary of Grievance (Provide information including a description of for each person involved):	what happened, when and where it happen	7 11
On May 23, 2014 21 grass Dental Care to finish em given, May 14, 2014. When Or. Hara, Before she be fresented me with a Co- this was a follow-up f to that the statut sta required Or. Large said. with treatment unless 21 Relief Requested: Other Andre Caref and Other Signature	engency care to el gat there ain treatment pay form. El e montant personal injury or a maintail risk of imminent personal risk of imminent persona	Pallow-up Lat segrences El was seen by Dr. Hara Tald her that Care and clue Frounds me ay 21 tald her Cherseigns or me pay. 21 tald her DEFICE 03 1/4 MATE ISSUARS
	reverse side if necessary)	
	Response (if applicable)	
Response: The Public Add 91-912 sto for dental services. However bot be charged for a physical appointment. Leveris	Administra Springfield thes Co payment D it also states in an requested field Counselor's Signature	Institution of this facility. Send to stive Review Board, P.O. Box 19277, I. L. 62794-9277 I. L. 6279
EMER	GENCY REVIEW	
Pate Received: / / / Is this determined to	☐ No; Offende	; expedite emergency grievance an emergency is not substantiated or should submit this grievance ormal manner.
Chief Administrative Officer's Signatur	8	/ / / Date

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

Die Die all Alam andrian
to ask On Mitchell about it. Dr. Gaing then refuse
A trunt me and sent me ouch to the outstand
explained the co-pay situation to her. She called Dr. Sang to talk tir her and tals me to wait in the bull from the wait in the bull from the wait in the bull
englained the co-pay situation to Ker. The Called St.
Lava to talk to her and tald me to wait in the out
non 20 was not siven any treatment since.
132713
·

OFFENDER'S GRIEVANCE

Date: [0/10/14	Ottender: DCANdre Crawfor	M30080		
Present Facility: Starte Vill		Stateville		
NATURE OF GRIEVANCE:				
☐ Personal Property ☐ Staff Conduct ☐ Transfer Denial by Facility ☐ Disciplinary Report:	☐ Mail Handling ☐ Restoration of Good Tim ☐ Dietary ☐ Medical Treatment ☐ Transler Denial by Transfer Coordinator	☐ HIPAA ☐ Other (spealy). ☐ 16 2014		
	Date of Report	Facility where issued STA#		
	onlats may be grieved immediately via the local administration			
Counselor, unless the lesue in Grievance Officer, only if the is Chief Administrative Officer, of Administrative Review Board, administration of psychotropic of Administrative Officer.	only if the issue involves transfer denial by the Transfer Coc rugs, issues from another facility except personal property is	irect review by the Administrative Heview Board. olived by Counselor. ordinator, protective custody, involuntary isues, or issues not resolved by the Chief		
	ation including a description of what happened, when and when	s it happened, and the name or identifying information		
Summary of Grevance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved! On 6/5/14 2l was referred to receive my fartials of the being seen by Dr. Mitchell whom provided me with the faitful Dr. Mitchell asked me what slid the want to about the forest track the partial Dr. Mitchell asked me what slid the want to about the south fixed. One slate was 5/14/14 for emergency care which it was not seen the make seen by date was for 5/23/14 which was the make-up date for nate was not 5/23/14 which was the make-up date for nate was not surgery the emergency care. On 5/23/14 el was seen by Dr. Sarg whom refused to the Relief Requested: Check only if this is an EMERGENCY grievance due to a substantial risk of imminant personal injury or other serious prireparable harm to well. De Andre Crawlord Otherwork Signature (Continue on reverse side if necessary)				
1	Counselor's Response (if applicable)			
Received: 11 14		Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277		
Provide a more of this quevar for their banding Print Counselor's	ent if said offender refu eg Joucher for co po I has been forworded L'Denn	eynear. a coper to the health care is Signature Date of Response		
	EMERGENCY REVIEW			
Date Received:/	le this determined to be of an emergency nature?	Yes; expadite emergency griavance No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		
Chief	Administrative Officer's Signature			
C III	•	DOC 0046 (8/2012)		

Distribution: Master File; Offender

ILLIHOR DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

OFFENDER'S GILLETTING
provide me care because il refuse the \$5 co-pay. Which
provide me care because il refuse the 55 to this case Il explained to her didn't loves nut apply to this case
of explained to her didn't does not appear for 1997-0562
according to IL. Greneral Assembly - Public Act 097-0562
according to 1. OIENE WE AS be subjected to a \$5. Co- play for
A commetted person range was
1) Many work ordered of the week one with
Darrage of the first of the fir
the later south and the language and that
trentment. On. Mitakell said she knows and have about the fre seen unless Il pay the co-pay, I then tald her about the
be seen unless I pay the Co-fay, I then told her server be statue. She said el'd still have to pay the co-pay or net be
at the soid of a still have to pay the
Deln.
DOC 0046 (8/2013)
906 0040

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

0550	Crawford Deandre -	<u>M 30080</u>		
Offen	Cer:			
Facilit	y:			
Gri Receiv	ievance: Facility Grievance # (if applicable). 4229 Dated: or _ Correspondence: ved: 2/9/15 Regarding: Dated: Dated: or _ Correspondence:	Dated:		
The at	tached grievance or correspondence is being returned for the following reasons:			
		nlicable		
	The course of the description of the course	d Chief Administrative		
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievands Cinical States of the Response to Officer's response, to appeal.				
	Provide dates of disciplinary reports and facility where incidents occurred.	e return the attached		
	Unable to determine nature of grievance or correspondence; submit additional specific information. Pleas grievance or correspondence with the additional information requested to: Administrative Review Board Office of Inmate Issues 1301 Concordia Court Springfield, IL 62794-9277			
Viisdir	rected:			
	Contact your correctional counselor regarding this issue.	on facility utilize the		
 Contact your correctional countries in Square grants and a contact your contact you				
	Contact the Record Office with your request or to provide additional information.	nvious Board		
	Personal property issues are to be reviewed at your current facility prior to review by the Administrative Re	MEM DODIG:		
	Address concerns to: Illinois Prisoner Review Board 319 E. Madison St., Suite A Springfield, IL 62706			
√lo fur	ther redress: Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue villenters.	vill not be addressed		
☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.				
This office previously addressed this issue on				
_X	Date No justification provided for additional consideration.			
Other ((specify): In Complete Submission. Missin. Le of original gruiance.	9 / 8 +		
omple	eted by: Sarah Johnson Sarah Tohnson Sarah Tohnson Signalure	3,11,15 Date		
istributio	on: Offender Printed on Recycled Paper	DOC 0070 (Rev.4/2013)		

Printed on Recycled Paper

ARB - Crawford 000180

Inmate Issues

٠ - ١			Wes	N 1-10
and Transport	ILLINOIS DEPARTMENT OF	CORRECTIONS	171	
	Offender Disciplin	ary Report	Date: _	10/24/2014
Type of Report:	S-Inter. 11 C. Col	Auto Chicke	AT /	
☐ Disciplinary ☐ Investigative		•	D#: <u>M3008</u>	0
Offender Name: ((IIII) TO Util	Nacc	Øla.m. Loc	cation: HCLL - I	Sectul Clivic
()hservation bate: 1-12-12-1	proximate Time:		 -	
Offense(s): DR 504: 206 Tutte	nutation or Thie	uts	ate onlas	DOVOXIMATE.
Observation: (NOTE: Each offense Identified abo	ve must be substantiated.)	he a convers	1) WhEN I	come rue
Time Mr. Crowford was	oitles whe ac	Allidie L	ed for on	7007/2# To
to discuss the trent	neit he was	Ship	hut 10.47	as Might
Me Crawford bulgme 40	12 11 11 Med 74 TO	The state of the s		DATE
the spanific Al	A PACTOR	7/11/1/1	1/1/1	the way
he del 64 th time	The state of the s	JP CIANTO	Dive don	IT THE
by the department wh	The discount	Futed it	during ma	+ HR Courton
for an adjusting	To Fel What	- It le you.	tu Karing ab	10 10 11 0
Burney Will alman	mo Latron	a Survey +	Mestage 1	TE TINTILL
Stritul ne maritan	DA VKen	veth BIB	0/65 6211	or udinesses.
Witness(es): Allua Muld	ontinuation Page, DOC 0318, is a	ttached to describe ad-	ditional facts, observations	4 11.15 □ a.m.
CIEN The I		1.44 <u>4 - 7.44 - 4.</u>	Date /	Time
Reporting Employee (Print Name)				:
	Disciplinary			
Shift Review: Temporary Confineme	nt 🔲 Investigative St	atus Reasons	·	
<u>Stilletteytey.</u>		visor's Signature		Date
Printed Name and Badge #	(For Transli	on Centers, Chief Adm	inistrative Officer)	
Reviewing Officer's Decision: Con	finement reviewed by Revi	ewing Officer Co	mment:	
Major Infraction, submitted for Hear	ing Investigator, if necessa	y and to Adjustmer	nt Committee	
Major Infraction, submitted for Programmer Infraction, submitted to Programmer Infraction, submitted Infraction, submi	am Unit_	2		-6-25-14
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		officer's Signature	1	Date
Print Reviewing Officer's Name and Badge #	Li Co			
Hearling Investigator's Review Re	guired (Adult Correctional Faci	ity Major Reports Only); 	
		estigator's Signature		Date
Print Hearing Investigator's Name and Badg	. 72		ciplinary Reports	and the second second
Procedure You have the right to appear and present a writ	s Applicable to all Healings of len or oral statement or explanat	ion concerning the char	ges. You may present reli	evant physical material such
You have the right to appear and present a with as records or documents.	is to Hearings Conducted by t	he Adjustment Comm	ittes on Disciplinary Rep	ports
as records or documents. Procedures Applicab You may ask that witnesses be interviewed and questioned along lines you suggest. You must testify to by filling out the appropriate space on unable tropregare a defense. You may request	is to Hearings Conducted by the to Hearings Conducted by the to the total total to the total total to the total total total to the total to	may be called to testify	during your hearing. You	u may ask that withesses be d specify what they could
questioned along lines you suggest. You must	indicate in advance of the heari this form, learing it off, and retur	ning it to the Adjustmen	it Committee. You may ha	ave staff assistance if you are
questioned along lines you suggest. To most testify to by filling out the appropriate space on unable to prepare a defense. You may request	a reasonable extension of time	to prepare for your near	g.	
Collect to offenday refuser to slon	ender's Signature	52	,15#C	
/ / Jivo Car	ender's Signature	7.	Signa	fure .
Serving Employee (Print Name)	Badge #		D e.m.	
·	Tim	e Sarved		
Date Serv	ee to waive 24-hour notice	of charges prior to	the disciplinary hearin	ng.
Offender's Signature		ID#		,
		us Desgring I	toit Prior to the Hearing	g)
(Detach and R	eturn to the Adjustment Com	imittee of Program c		
The interest Property	Print offender's name		ID#	
Date of Disciplinary Report I am requesting that the Adjustment Con	nmittee or Program Unit cons	ider calling the follow	ving witnesses regardi	ng the Disciplinary Report
of the above date:	,	¢		***
	the bades of the	Assigned Call	Title (if applicable)
Print Name of witness	Witness badge or ID#	(if applicable)		
Witness can testify to:				
		Designed Call	Title (if applicable	2)
Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	- marks abbus	
Wilness can testify to:				
Wilness can testiny to.	Poge	1 of 2		mma 0247 /Day 2/2007)
Oistribution: Master File	Page	Recycled Paper		DOC 0317 (Rev. 2/2007)
Offender Facility (2)				
i denin'i /~1		•		

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Disciplinary Continuation Page Stutoville Corrogton
Facility
Disciplinary Report Investigative Report Disciplinary Summary Adjustment Committee Summary
Report/Incident Date: 10/24/2014 Incident # (if applicable): Page 2 of d
Offender Information: Offender Name: CRAWforD, Deavdel 1 1D#: M3008D
Use the space below to provide any additional information. Hutel that he and his Arommath nake thew money from Lawfult and the State, when Take who roughts had toommatt the state, "in the money Kinglus Yny 3.) With a Smirk on his face he stated" He a Kalaly has filed use how suit any material against you now it is me tule To asked what did you say he repeated "Takes Com travel you?" At had part I telt the compensate Eval as Report
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TPATIVE
ALTINEW BOARD
21/ Muce. 2006 - 15
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Distribution: Master File, Offender, Facility (2) rinted on Recycled Paper

DOC 0318 (Eff. 8/2006) (Replaces DC 7212)

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 11/5/2014 09:45 AM

Living Unit: STA-B-04-08

Orientation Status: N/A

Incident Number: 201403346/1 - STA

Status: Final

Date	Ticket #	Incident	Officer	Location	Time
0/24/2014	201403346/1-STA		LL-LAWSHEA, JA	HEALTH CARE UNIT	11:15 AM
Offense	Viola	ntion		Final Resu	ılt
206		idation Or Th	reats	Guilty	
Witness			Witness Name	Witness Statu	S

No Witness Requested

RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Crawford pleads not guilty and states that he only asked about a C/O's pay and never threatened to sue her.

BASIS FOR DECISION

Reporting staff reflects that while talking to inmate Crawford M30080 about dental work that he would need done on tooth #9 Crawford became very argumentative stating that he was charged the copay. Inmate Crawford then stated to R/S that it didn't matter because he was sueing her anyway. When R/S asked inmate Crawford M30080 what he was talking about inmate Crawford stated he makes his money from sueing staff. Inmate Crawford also stated that him and his cellie make their money from sueing staff. The committee reviewed DOC0443 which reflects that inmate Crawford's mental illness did not contribute to the underlying behavior of the offense for which DR was written. Mental Health also aggress with discipline administered. The committee is satisfied that inmate Crawford M30080 did in fact violate the charge of 304.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED		FINAL		
Other: SMI 1 Months Commissary Restriction Basis for Discipline:NATURE OF OFFENSE	Other: SMI 1 Months Commissary Restriction			
Signatures Hearing Committee		11/05/4	BLK	
WRIGHT, CLARENCE D - Chair Person		11/05/14		
	Signature	Date 11/05/14	Race WHI	
DUVALL, KIMBERLY A	Signature	Date	Race	
Recommended Action Approved				

Final Comments: N/A

ARB - Crawford 000183

Run Date: 12/30/2014 10:08:07

Page 1 of 2

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

meaning bate/ rime.

Hearing Date/Time: 11/5/2014 09:45 AM

Living Unit: STA-B-04-08

Orientation Status: N/A

Incident Number: 201403346/1 - STA

Status: Final

TARRY D WILLIAMS / TDW 11/13/2014

11/13/14

Chief Administrative Officer

Signature

)ate

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

NICCOELLE E JACKSON

12/2/2014

11:00 AM

Employee Serving Copy to Committed Person

When Served -- Date and Time

And the second s

FEB 9 2015

ACNIESTRATIVE REVIEW BOARD

ARB - Crawford 000184

Run Date: 12/30/2014 10:08:07

Page 2 of 2

Daie: 10/30/2014

1:58pm Time:

d_list_inmate_trans_statement_composite

Stateville Correctional Center **Trust Fund**

Irimate Transaction Statement

REPORT CRITERIA - Date: 03/01/2014 thru End; Inmate: M30080; Print Furloughs / Restitutions ?: Yes; Include Inmate Totals ?: Yes; Transaction Type: All Transaction Types;

Active Status Only ? : No;

Print Restrictions ?: Yes;

Print Balance.

Errors Only ?: No

Inmate: M30080 Crawford, Deandre

Housing Unit: STA-B -04-08

Date	Source	Transaction Type	Batch	Reference #	Description		Amount	Balance
						Beginning	Balance:	12.90
03/04/14	Point of Sale	60 Commissary	0637229	735484	Commissary		-10.05	2.85
	Mail Room	01 MO/Checks (Not Held)	0652117		Cibf Grievance		12.49	15.34
03/06/14	Payroll	20 Payroll Adjustment	0661117		P/R month of 2 2014		9.52	24.86
03/07/14	Mail Room	15 JPAY		32990892	Crawford, Katherine		50.00	74.86
03/09/14	Point of Sale	60 Commissary	0787229		Commissary		-38.17	36.69
03/19/14		20 Payroll Adjustment	0971117	, 51 5 5 5	P/R month of 3 2014		10.00	46.69
04/07/14	Payroll	· -	0971117		P/R month of 3 2014		-10.00	36.69
04/07/14	Payroll	20 Payroll Adjustment	0987196	720320 '	Commissary		-26,40	10.29
04/08/14	Point of Sale	60 Commissary	0981117	, ,	P/R month of 3 2014		10.00	20.29
04/08/14 04/22/14	Payroll Disbursements	20 Payroll Adjustment 80 Postage		Chk #174781	di16760, Pitney Bowe, 02/07/2014	Inv. Date:	-2.80	17.49
		20 Payroll Adjustment	1271117		P/R month of 4 2014		10.00	27.49
05/07/14	Payroll	15 JPAY		34725189	Crawford, Katherine		60.00	87.49
05/08/14	Mail Room	60 Commissary	1337223		Commissary		-45.18	42.31
05/13/14	Point of Sale	60 Commissary	1547222		Commissary		-42.14	.17
06/03/14	Point of Sale	20 Payroll Adjustment	1561117		P/R month of 5 2014		10.00	10.17
06/05/14	Payroll Point of Sale	60 Commissary	169761	747199	Commissary		- 9.16	1.01
06/18/14		20 Payroll Adjustment	1901117	, , , , , , , , , , , , , , , , , , , ,	P/R month of 6 2014		10.00	11.01
07/09/14	Payroll Point of Sale	60 Commissary	1927223	748966	Commissary		-9,41	1.60
07/11/14	Mail Room	10 Western Union		5728511939	Price, Jean		70.00	71. 6 0
07/17/14	Point of Sale	60 Commissary	199761		Commissary		-53.74	17.86
07/22/14	Point of Sale	60 Commissary	203761	750418	Commissary		-12.72	5.14
07/28/14	Disbursements	90 Medical Co-Pay	2093117	Chk #176409	dl22780, DOC: 523 Fu, 07/21/2014	Inv. Date:	-5.00	.14
07/31/14	Mail Room	15 JPAY	212200	37020021	Crawford, Katherine		100.00	100.14
08/01/14	Mail Room	15 JPAY	213200	37059708	Crawford, Katherine		100.00	200.14
08/05/14	Point of Sale	60 Commissary	2177225	751369	Commissary		-147.74	52.40
08/05/14	Disbursements	90 Medical Co-Pay	2173117	Chk #176529	dl23612, DOC: 523 Fu, 07/29/2014	Inv. Date:	-5.00	47.40
08/06/14	Payroll	20 Payroll Adjustment	2181117		P/R month of 7 2014		21.96	69.36
08/19/14	Point of Sale	60 Commissary	2317223	752791	Commissary		-54.47	14.89
09/05/14	Payroll	20 Payroll Adjustment	2481117		P/R month of 8 2014		10.55	25.44
09/15/14	Point of Sale	60 Commissary	2587229	755278	Commissary '		- 4.75	20.69
09/16/14	Disbursements	84 Library		Chk #177533	dl25110, DOC: 523 Fu, 08/28/2014	Inv. Date:	30	20.39
10/06/14	Payroll	20 Payroll Adjustment	2791117	*	P/R month of 9 2014		5.10	25.49
10/07/14	Point of Sale	60 Commissary	2807155	757667	Commissary		-20.44	5.05
10/07/14	Disbursements	90 Medical Co-Pay		Chk #178182	dl28430, DOC: 523 Fu, 10/03/2014	Inv. Date:	-5.00	.05

FEB 9 2015

ADMINISTRATIVE REV.E. / BOARD

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- Washington	Proof of Service					
	Please take Notice that on Febur	ory 4, 2015				
	I placed or copy of grievance officer report # 4229, with grievance # 4229, Disciplinary					
	report, adjustment committees					
	and inmate transact statement					
	Stateville correctional Center o					
ORNALI MANUNINI WY MININGALININI MININGA MININGA V VI VII VII VII VII VII VII VII VII V	addressed to the administration					
المراجعة ال	board.					
10°	Administration Review Board	FEB 9 2015				
Marine of the Control	P.O. Box 19277	ADMINISTRATIVE				
	Springfield, IL. 62794-9277	REVIEW BOARD				
n yanna san alashada hali ili ili ili ili ili ili ili ili ili						
	Respect	Pully				
yda yddin a mhalaydd ylligigilliadau (y, pyyng polygraeth a characollectic fellolation).	De Andre	Pully Crawford #30080				
	P.O. Box 11					
proprings in habitat to the Proprince of the State of the	Joliet, IL.	60434				
	Subscribed and sworn to befire me					
	this 3rd day February, 2015.					
	Janid Mansfield					
· California and a second	"OFFICIAL SEAL"					
ne.	DAVID MANSFIELD \$					
	MY COMMISSION EXPIRES 10/26/2018 }	ARB - Crawford 000186				

English Control of the Control of th

FEB 9 2015

Madagase P.	Do à Administration Review Board REVIEW BOARD
	My name is de Andre Ceauford. El am
	appealing this disciplinary report writin
	on 10/24/14 by Dr. Mitchell and Decided
	by Lt, Wright. First, Dr. Mitchell
	palsified the disciplinary report. She
	stated, When informed Mr. Crawford we do
	net charge for an adjustment. He stated
	it sloes nat matter el am sueing you
	anyway". Elf you look at the transaction
	sheet you will see that dental did charge
Marine Marine	me twice for the copay; once on 7/23/14 and
	again on 8/05/14. Also El did not tell her
kaluka anak wa wayo wa wa ma ƙara ta ƙasar ƙ	that el was sueing her. My suit is against
MANAGEM TANGETT HITCHINA (18 - 18 MANAGEM MANAGEM PARTY)	Dr. Davis and that suit # is 14 C 6211
ada ada a a a a a a a a a a a a a a a a	Second, Dr. Mitchell threatin me
had a single party to the same and the same are recognized to the same to the same and the same are same as the same are same are same as the same are	because she and my cellie Roymond King
ng Maran dipulan gan Spangari at Anna dan didakanin 1880 ana 1880 ana 1880 ana dan didakanin dari Parance Amerika	are in a legal dispute el son't have a
a daga alaka kakanan ataba ada a daga daga daga daga daga daga	suit against her. Then Lt. Wright allowed
	Dr. Mitchell to use the hearing board for
unione accomplicate company on an expensive part or company on the company of the	retailiation purposes. It my hearing of
	gave Lt. Wight my writer statement and
	list of witnesses. Get he didn't make
	mention of either in the summary report,
	which was reduced from intimidation
*	or threats to whatever Box a ABBJ- Crawford 000187

It. Wright also states that my mental health state has maske nothing to do with that issue. That was not in the original ticket. Il am asking to have my record expunged. Respectfully De Andre Crawford #130080 P. O. BOX 112 Joliet IL. 60434 ARB - Crawford 000188

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

7	RESPONSE TO COMMITTED Grievance Office					
	Date of Review:	1/5/15	Grievance # (optional): 4229			
Date Received: 12/18/14		175/15	ıD#: мзо <u>ово</u>			
Committed Person: DeAnd		- ~/	1D# <u>Widdess</u>			
Nature of Grievance:	DR – 201403346/1-STA	B408				
received one month comm	Facts Reviewed: Grievant was issued a DR for 206 reduced to 304 on 10/24/14 and was found guilty and received one month commissary restriction. He wants the disciplinary report expunged and for the two co-pays to be credited back to his account as he never received services on 7/21/14 and 7/29/14. Grievance Officer finds that per Medical Records, there is no notes(s) that would indicate a need for co-pays					
			RECEIVED			
·			FEB 9 2015			
	•		ADMINISTRATIVE REVIEW BOARD			
reasonably satisfied of the other way than reported. Recommendation: Base DENIED. Unable to substreimbursed to the offender. Anno.		as and procedures implementation and procedures implementation, it is not other way than representation.	posed are within max capacity. recommended that grievance be ported. \$10.00 should be			
	Chief Administrative C	Officer's Response				
Date Received: ///// Comments:	/15 St I concur	☐ I do not concu	ır ☐ Remand			
Chief Administrative	Officer's Signature	Mina- (C)	/ ///3/15 Pale			
	Committed Person's Ap	peal To The Director				
I am appealing the Chief Adminis Chief Administrative Officer's dec original grievance, including the co	trative Officer's decision to the Director. I un ision to the Administrative Review Board, P. unselor's response, if applicable, and any perti	derstand this appeal must be O. Box 19277, Springfield, IL nent documents.)	submitted within 30 days after the date of the 62794-9277. (Attach a complete copy of the			
De Andre C	Cauford Percon's Signature	M30080	2/1/15 Date			

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

Personal the case was not investigated. First elevid pat tell Dr. Mitchelf el ans genna aux teu Even. If this had been the the does not constitute a three was a constitute a defent to the soul sold first and the sold that will a gift fines of the trivial right to inform a patental defindant that he plains to take lived action from a patental defindant that he plains to take had action from a patental defined on 1/23/14 el was charged a the trust fund of hear that an 1/23/14 el was charged a the 1/4/23/2). Proper investigation would have from the large of crelability of in mischells distributed anisotrate. After that anisotrate chair and larged also have solf if that a listed anisotrate chair and larged principle for large from the thirty of alleged principle for four the threat. EEE 9205 ADMINISTRATIVE TEE 9205		r - 0 1 11
Aid not till Dr. reachine at accompliate a If this had been their this does not constitute a threat under statewille quide lines of Entimited to N or threat (206). Also a person has a constitutional reache to inform a patental defindant that he plains to take linal action frances appoint on sue them. Second the trust fund shows that on 7/23/14 2l was charged a \$5 co-pay (chick #176409) and again on 3/05/14 chenk #1765297, Proper investigation would have prove the land of credolity of Dr. Mitchells disciplinary reports Plus my witnesses Dr. Jones and lintal assistant chris would also have insified that a did not theaten her, or was any security officers clo's called because of alleged presences fear from the threat.	Premuse the care was not investigated	. First El
this Had been that the Add Text Committed + lon threat under Statewille quide lines of Intimal right or throats (206). Also a person has a constitional right to inform a patental defindant that he plains to take linal action garages against, or sue them. Second the trustfund shows that on 7/23/14 & was charged a \$5 co-pay (check #176409) and again on 3/05/14 check #176529). Proper investigation would have prove the lank of credability of le mitakells describinary reports. Plus my witnesses Dr. Jones and lental assistant Chris. would also have consilied that I hid not threaten her, or was any security officers clo's called because of alleged prisences few from the threats.	1) 1) 10 0 T ST 111. 1/21 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	
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Plus my witnesses Dr. Jones and some some server all also have varified that at did not threaten her on was any security officers clo's called because of alleged presences few from the threats. FEB 9 2015 ADMINISTRATIVE	1 1 6 1 a a la la tra a la la resta de la caractería	101207 100000
would also have confied that to all her muse of on was any security officers C/0's called because of alleged presences few from the threat. FEB 9 2015 ADMINISTRATIVE	1 Dlus M. Luta MANA WA (DALO, ONCH KUKKA LEV)	17/1/2/
alleged presences fear from the threat. FEB 9 2015 ADMINISTRATIVE		11/4/2015
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FEB 9 2015 ADMINISTRATIVE	allened property Done Done the threat.	
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ADMINISTRATIVE REVIEW BOARS	,	FEB 9 2013
		ADMINISTRATIVE
		KEVIL VI DO.
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BRUCE RAUNER

Governor

S.A. GODINEZ

Acting Director

Con	cordia Court / P.O. Box 19277 / Springfield IL 627	94-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-084
Offen	ider Name: Crawford, Deanare	Date: 2 27 15
	ster#M30080	
		- 20/14/
	is in response to your grievance received on 925/10 mal hearing. A review of the Grievance, Grievance Officer/0	This office has determined the issue will be addressed witho CAO response to the grievance has been conducted. For a cance has been conducted. Grievance Number: 2484 Griev Loc: StateM
0		O Commissary
0	Transfer denied by the Facility or Transfer Coordinator	O Trust Fund
0	Dietary	O Conditions (cell conditions, cleaning supplies)
_	Personal Property	O Dissiplinary Penort dated
V	Mailroom/Publications	Incident #
R	Assignment (job, cell) USS of assignment (8/3/14	
	Based on a review of all available information, this offi	
0	Affirmed, Warden is advised to provide a written response of corrective action to this office by	O Denied as the facility is following the procedures outlined in DR525.
0	Denied, in accordance with DR504F, this is an administrative decision.	 Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
0	Denied, this office finds the issue was appropriately addressed by the facility Administration.	Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
0	Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)	O Denied as this office finds no violation of the offender's
0	Denied, as the transfer denial by the facility/TCO onwas reviewed in accordance with transfer procedures and is an administrative decision.	due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
0	In addition, property items are to be disposed of in accordance with DR501C.	O Denied as the security staff are following the established schedule for dispensing cleaning supplies to the offender when possible.
0	Other:	
FOR	Warden State VIIIE Correctional Control of the Cont	concurred: S.A. Godinez Acting Director A 2/2/5

Proof of Service

Please take Notice that on September 23., 2014, I placed a copy of grievance and grievance office response in the Stateville C.C. mail properly addressed to the Administration review Board.

To: Administration Review Board P.O. Box 19277 Springfield, IL. 62794-9277

> Respectfully De Andre Crawford P.O. Box 112 Joliet, IL. 60434

Subscribed and Sworn to before me this 23rd day of September, 2014

Sanid Mansfield



RECEIVED

SEP 2 5 2014

OFFICE OF INMATE ISSUES

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE



	Grievance Officer's	Report	
Date Received: 8/19/14	Date of Review: 8/22/14_	G	rievance # 2484
Committed Person: Crawfor	d, DeAndre		ID#: M30080
Nature of Grievance:	Joh Assignment Loss		
	190		
Facts Reviewed: Gricvant's as of 8/4/14 and seeks to l lost wages.	tates that on8/1/14 he was notified thave his assignment back or be placed	hat he would be term d in a different assign	inated from his job assignment ment and be compensated for
Grievance Office Response:			
Persons, "A committed Administrative Officer or Officer. Removal and/o	rivilege and, in accordance with D person may be removed from h by the Assignment Officer with s or reassignment shall be based u pility or incompetence in perform ted person's request for an assignment	is assignment and, absequent approval apon matters includ- ang or completing	or reassigned by the Chief by the Chief Administrative ling, but not limited to, the the assignment, disciplinary
			,
Recommendation: Grie	evance Denied	4	
	arrish CC2 ance Olficer's Name	Glievano	Party Sucception Officer's Signature
(Atta	ach a copy of Committed Person's Grievance, included	ding counselor's response if a	pplicable)
-1	Chief Administrative Office	er's Response	
Date Received:9/8	1/9 I concur	☐ I do not concur	Remand VED
Comments:	/		SEP 2 5 2014
			OFFICE OF
			INMATE ISSUES
	Tally	Willian	9/8/14
Chief Administrative C	Officer's Signature		Defe /
	Committed Person's Appeal		
Chief Administrative Officer's decisi	tive Officer's decision to the Director. I understa on to the Administrative Review Board, P.O. Box iselor's response, if applicable, and any pertinent do	: 19277, Springfield, IL 6279	nitted within 30 days after the date of the 4-9277. (Attach a complete copy of the
De Andre Co	mitted Person's Signature	M3Q080	9/23/14 Date

-OFFENDER'S GRIEVANCE

Date: 2/4/14	Ottender: De Andre Crawfor	rd M30080
Present Facility: Storten		itateville
NATURE OF GRIEVANCE:		
Personal Property Staff Conduct Transfer Denial by Facility	☐ Mail Handling ☐ Restoration of Good Time ☐ Dietary ☐ Medical Treatment ☐ Transfer Denial by Transfer Coordinator	Other (speeds): 2014
☐ Disciplinary Report:	Date of report	acility where issued 24 \$4
Note: Protective Custody D	enials may be grieved immediately via the local administration	on the protective custody status nouncation.
Complete: Attach a copy of any pert Counselor, unless the issue in Grievance Officer, only if the i Chief Administrative Review Board administrative Officer, Administrative Officer.	inent document (such as a Disciplinary Report, Shakedown Recovolves discipline, is deemed an emergency, or is subject to diressue involves discipline at the present facility or issue not resolutely if EMERGENCY grievance. I, only if the issue involves transfer denial by the Transfer Coordinates, issues from another facility except personal property issuence.	ord, etc.) and send to: But review by the Administrative Review Bourd Ived by Counselor. Idinator, protective custody, involuntary Uses, or issues not resolved by the Chief
Summary of Grievance (Provide information age to person involved):	nation including a description of what happened, when and where	it happened, and the name or localitying information
	COUNTY OF IT IS TOTAL OF THE	rould be terminalle
from my sale	assignment as of 8/4/15	4. Although it is
cited as stak	1 /achtor contractor of the	ecurity or
administrativ	CICADONE, COMPAGE	termination is a
strong showin	of of discrimination. IL	o disciplinary
tickerts were	given to me or any of	P. J. J. T.
wase was el	interviewed or investiga	1 1 00 1 .45
whomy durng ?	1- 0 Al al	Bank and Violation
of the infriseme		my assignment
	All Alleri	I wages, or be placed
	* 2	rous list.
Check only if this is an EMERGE	NEGAMENT Scom my free ENCY grievance due to a substantial risk of imminent personal	injury or other serious or irreparable harm to self.
De Andre Crawy		1080 814 114 10* Date
	(Continue on reverse side if necessary)	
Date C	Counselor's Response (if applicable)	J
Received: 8 / 6 /		Durside jurisdiction of this facility. Send to doministrative Review Board, P.O. Box 19277,
Response: Occording	tol beenent Officer S. K.	Springfield, IL 62794-9277 Leshert was
1	3.001K3 as stalp recommend	lation to terminate you
Trong comes into and	isomuel. Offerder soli asser	annexts are a primalge
Inot a male 26	is To that in " Kens	gual or reassignment
1	N N	. 8 4 1
Print Counselo	rs Name Counselor's	S Signature Date of Response
	FUEDOCHOV DEVICE	
	EMERGENCY REVIEW	1
Received:/ /	Is this determined to be of an emergency nature?	Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance in the normal marrier.
Ch	ief Administrative Officer's Signature	Date OFFICE OF
	Page 1	INMATE ISSIDE 0016 (8/2012)

TILINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANGE (Continued)

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that three of the people remaining was part of the prablem. Myself and fine of my coworfers had only been
problem. Musell and line of my coworfers kned only com
assigned there a fittle over a month, get we were
1) A AU 1) THE SHOP OF THE STATE OF THE STAT
fired for actions thou had very constant of chosen few be assigned, do how can brengone except a chosen few be fined when all was present?
Dineal when all was presant.
Courselois Bosponse Cont
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11 11 decide in the minute of the forming
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Man an obition men charge from
Suivily or administrative reasons. 4/4/14
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ILLINGIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE



		O. C.		T
		Grievance Officer's		
Date Received: 8/19/14	Da	te of Review: 8/22/14_		Grievance # 2484
Committed Person: Crawfor	d, DeAndre			ID#: M30080
Nature of Grievance:		Job Assignment Loss		
	4			¥.
Facts Reviewed: Grievant's as of 8/4/14 and seeks to lost wages.	tates that on8/1/ have his assignme	14 he was notified t nt back or be placed	hat he would be t I in a different as:	terminated from his job assignment signment and be compensated for
Grievance Office Response:			p. 1	120 Assignment of Committed
Persons, "A committed Administrative Officer o Officer. Removal and/	person may be t by the Assignm or reassignment	nent Officer with s t shall be based t	ubsequent appr pon matters in ing or complete	e 420, Assignment of Committed and/or reassigned by the Chief coval by the Chief Administrative cluding, but not limited to, the ing the assignment, disciplinary raff recommendations security or
ET Proposition				
				•
Recommendation: Gri	evance Denied		4	
7				
	Parrish CC2 vance Officer's Name	Colourana inclu		hievance Ollicer's Signature
(Ar		d Person's Grievance, inclu		
-11	Chief	Administrative Offic	er's Response	
Date Received: 9/6	3/14	Looncur	☐ I do not con	RECEIVED
Comments:				OCT 0 1 2014
				OFFICE OF
				1/8
		Tally	Wille	as 9/8/14
Chief Administrative	Officer's Signature	' (/		
		ted Person's Appea		
I am appealing the Chief Adminis Chief Administrative Officer's dec original grievance, including the co	trative Officer's decision ision to the Administrat unselor's response, if ap	n to the Director. I unders ive Review Board, P.O. Bo plicable, and any pertinent	tand this appeal must l ox 19277, Springfield, I documents.)	pe submitted within 30 days after the date of th IL 62794-9277. (Attach a complete copy of the
Or Andre C	In Port	2	M3Q08	Date
Ca Marce C	ommitted Person's Signatu	re	1D#	Date Date

OFFENDER'S GRIEVANCE

	Offender:	1 1	1	M30080
8/4/14	(Please Print) De ANG		0	
resent Facility: Stortevil	lle	Issue occurred:	gtevi	118
ATURE OF GRIEVANCE: ☐ Personal Property ☐ Staff Conduct ☐ Transfer Denial by Facility	☐ Mail Handling ☐☐ ☐ Dietary ☐☐ ☐ Transler Denial by Tr	Restoration of Good Time Medical Treatment ansfer Coordinator		eah): Joy
☐ Disciplinary Report:	/ (ikly where issued	
Note: Protective Custody De	enlals may be grieved immedia	tely via the local administration or	the protective c	ustody status notification.
Complete: Attach a copy of any perti- Counselor, unless the issue in- Grievance Officer, only if the is Chief Administrative Officer, Administrative Review Board administrative of psychotropic of	nent document (such as a Disc rolves discipline, is deemed an isue involves discipline at the p only if EMERGENCY grievance, only if the issue involves trans irugs, issues from another facili	siplinary Report, Shakedows Record emergency, or is subject to direct tresent facility or issue not resolve to the denial by the Transler Coordinates ity except personal property issue	d, etc.) and send t review by the A ad by Counselor. nator, protective as, or issues not	dministrative Review Board. custody, involuntary resolved by the Chief
Summary of Grievance (Provide Inform	nation including a description of	what happened, when and where it	happened, and th	e name or identifying information
from my sale cited as staf administrative strong showing taker were coase wing doing of the infrisons house back be comp	assignment frecommend	Las of 8/4/19 Dation, and se Dhis act of se mination. No le or any of re Loutent disre wither have re the lost of	curity terminal discount of discount of all all all all all all all all all al	cugh it is a tion is a finary orkers; nor violation of any land violation signment or be placed list.
	Counselor	's Response (if applicable)		
Response: Occording Are per ID as a From your job ce That a bright. If Print Course	to Plecemen 3.001K3, as ste signment. Of his I.b. states for s Name	Serder sol agent that, in "Lens	dministrative Re progried, IL 62	n of this facility. Send to view Board, P.O. Box 19277. 794-9277 & Vollesbert his terminally on Che a privilege reassignment 8,8,44 Date of Response
Date Received: / /	ls this determined	I to be of an emergency nature?	No; an emo	CEIVED lite emergency grievance lingency is not substantiated. Id submit this grievance manner E OF TEISSUES Date
	Chief Administrative Officer's Signa	dure '.		
		Desait .		DOC 0046 (8/2012

Distribution: Master File; Offender

Page 1

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

in is all a solo in a constraint of the
that three of the people remaining was part of the
problem. Muself and fine of my coworkers had only been assigned there a fittle over a month. Get we were
assigned there a fittle over a month, get we were
fired for actions that had been constant before we were assigned. So how can everyone except a chosen few be fined when all was present?
assigned do how can everyone except a chosen few le
Dineal when all wars prepart?
The state of the s
Courselois Besporse Cont
shall be based on nothers including but not limited to
I al decide in the second of the second of
the offenders wirebility or incompetance in performing or
completing the original disuplinary reasons, the offenders request for an originated change Stopp recommendation and
request for an obsequent change Thopa recommendation and
Security or administrative reasons.
Coffersis During 8/2/14
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Page 2
Prieted on Recycled Paper

DOC 0046 (647010)

LEINOIS DEPARTMENT OF CORRECTIONS - OFFENDER'S GRIEVANCE

348

Date: Q /// /// Ottender: De Andre Courtos	rd M30080
Present Facility: 51 1018 Facility where grievance Samuel Court Samuel Cour	itateville
Storteville I Barra Continue	
NATURE OF GRIEVANCE: Personal Property Mail Handling Hestoration of Good Time Staff Conduct Dietary Medical Treatment Transfer Denial by Facility Transfer Denial by Transfer Coordinator	ADA Disability Accommodation HIPAA Other (specify): DOD AUL 19 2014
Duta of Becom	acility where issued STA # 24 84
Note: Protective Custody Denlats may be grieved immediately via the local administration	on the protective custody status notification.
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record Councelor, unless the Issue Involves discipline, is deemed an emergency, or is subject to direct Councelor, unless the Issue Involves discipline at the present facility or issue not resord Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the Issue involves transfer denial by the Transfer Coord administration of psychotropic drugs, Issues from another lacility except personal property Issue Administrative Officer.	lved by Counselor. dinator, protective custody, involuntary ues, or issues not resolved by the Chief
Administrative Officer. Summary of Grievance (Provide Information including a description of what happened, when and where for each person involved):	1 and Ise tonminated
from my sale assignment as of 8/4/15	ecurity or termination is a
Marchan Do Do Do mino trom n	o disciplinary
1.00	my coworkers, noc
wase was at interviewed or investigo	1 1 00 1 .4
of the ingrisoned person act. When El	Row for a pact my assignment
back be completioned for say	I wayes or be placed
On another assemblent from my free	injury or other serious or irreparable harm to self.
	ECEIVE DA
(Continue on reverse side if necessary)	OCT 01 2014
Counselor's Response (if applicable)	OFFICE OF MMATE ISSUES
Received: D / C / A DA - A DA - A DA -	Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springofield, IL 62794-9277 audient, a Volumber West
dore per ID as 03.001K3 as staff recommend	lation to terminale you
from your job essignment. Offerher solvage	griments and a primetize
Inst a stught. This ID states that, in den	was of reasing without
Print Counselor's Name Counselor	's Signature Date of Response
EMERGENCY REVIEW	
Date Received:	Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance in the normal marrier.
Of the Characters of	// Date
Charf Administrative Officer's Signature	DOC 0046 (8/2012)

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Conditioned)

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that three of the people remaining was part of the prablem. Myself and fire of my coworkers had only been assigned there a fittle over a month. Yet we were
analylam Muselland Park of My coworkers Kord only veen
and and there or little over a month, get we were
Pired for actions that had been constant before we were
fired for actions that had been considered from few be assigned. So how can recyone excepts a chosen few be fired when all was present?
Do wall subsen all sugar presant?
Courselois Baponer Cont If I limited to
The state of the s
completing the assignment disciplinary reasons, the offenders request for an obsignment change tropp recommendation and
I An an obsignment change thopp recommendation and
Suivily or administrative reasons. 4/8/14
My St. 2015
Magernis Chenny

Or-tilbullon: Master File; Offender

Page 2

Printed on Recycled Paper

DOC 0046 (67/010)

RECEIVED

Mr. Shannis Stock

OCT 0 1 2014

My name is De Andre Crawford. El am an inmate at Stateville. Il am writing to you about job assignments. On August 4, 2014 El was teriminated from my assignment in the commessary along with II other people. Il had nothing to do with the problem over there. Eln fact on my second clay there Mr. Karrington informed me that he was in the process of firing the whale crew, and that I had came at the wrong time, Il did nat receive a ticket for this incident, nor was all put under investigation My cell was shook down without anything being found. El practically had to beg for an assignment to begin with. Il was on the list for over a year before being placed in a situation to lose the gob as soon as Il gat it. My counselors' reply was that my firing was due to staff recommendation al spoke bath warden Williams and Lamb. Warden Lamb told me it was Warden

Williams call to fire the crew. Il spoke to Warden Williams on Lept, 3,2014. He Sidn't know or was unaware that the whale crew had been fired. All Il asked, and am asking for is another gal, The placement officer Mrs. Rabideau told me that Il now have to start from the battom of the list. because it was given that got. Il feel Il lost my sob wrongfully, and though it is a privelage il just ask to be reassigned. There are openings in these other fields whom list il am on. Respectfully De Andre Cisurford M30080 OCT 0 1 2014 OFFICE OF



Illinois Department of Corrections

Pat Quinn Governor

S. A. Godinez
Director

Stateville Correctional Center Route 53, P.O. Box 112 Joliet, IL 60434

Telephone: (815) 727 -3607 TDD: (800) 526-0844

<u>MEMORANDUM</u>

DATE:	September 6, 2013	
ГО:	M30080 Crawford, Deandre B-1019	
FROM:	K. RABIDEAU, CC2 - PLACEMENT OFFICER V	
SUBJEC	T: JOB ASSIGNMENT WAITING LISTS	
	me has been placed on the following waiting list(s) and will remain following date:9-6-2014	
1	Industries	
2	2 Commissary (since 11/26/12)	RECEIVE
3	3Laundry _(since 11/26/12)	OCT 0 1 2014
	Kitchen (since 11/26/12)	OFFICE OF INMATE ISSUE
You sub	mitted a request to be on the following lists but were DENIED :	

Please be advised that it will be <u>your responsibility</u> to re-request placement on job waiting lists after one year (<u>the date listed above</u>). Your name will automatically drop from the waiting lists after that date.

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

D408

Date: 5/27/14	Offender: De Andre Crawford 10#: M30086			
Present Facility: State VII	Facility where grievance Stateville			
NATURE OF GRIEVANCE:				
Personal Property Staff Conduct Transfer Denial by Facility	☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation ☐ Dietary ☐ Medical Treatment ☐ HIPAA ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify):			
Disciplinary Report:	/ / Date of Report Facility where issued			
Note: Protective Custody De	enials may be grieved immediately via the local administration on the protective custody status notification.			
Counselor, unless the issue inv Grievance Officer, only if the is Chief Administrative Officer, of Administrative Review Board,	nent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: volves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, usue involves discipline at the present facility or issue not resolved by Counselor, only if EMERGENCY grievance. If only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary rugs, issues from another facility except personal property issues, or issues not resolved by the Chief			
	nation including a description of what happened, when and where it happened, and the name or identifying information			
Summary of Grievance (Provide Information Including a description of what happened, when and where it happened, and the name or identifying Information for each person involved): A of July 30,2014 I have been an immate in Statiurille. I have been on the Detail assignment list since 9-6-12. Il have been on the Detail assignment list since 9-6-12. I have am explicate for, it waste by the Rabilland and warden Callaway about open detail positions. It know for a fact that it was on three of the Detail list before at least five of the people that have been hered within that time frame; it haven't had any disciplinary tachets ever it have been hered within that time frame; it haven't had any disciplinary tachets ever it have a substantial risk of imminent personal injury or where the or which that have been usaring on for a 134 years. Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or where the provided in the substantial risk of imminent personal injury or where the provided in the substantial risk of imminent personal injury or where the provided regime (Continue on reverse side if necessary)				
	Counselor's Response (if applicable)			
Date Received: 5,28,14	Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277			
Response: Us of 4114, Offender Craniford has leen				
assignated a commission worker.				
Ludennis Print Counselor's	Name Counselor's Signature Date of Response			
	EMEDOPNOV DEVIEW			
Date Received://	EMERGENCY REVIEW State State			
Chic	2f Administrative Officer's Signature Date			

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

Dam -ma	Dotall and	1 Pro Dinadiant	L another on	re shortly
TOT OIL	1 O	and my stort	of an afor	re shortly list to Show
Allro 8	e nave inclo.	Max my selfar	1 gracing &	ACUA SHIPTU
that El	have been on	i the waiting	fist, since	2012
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Distribution: Master File; Offender



PAT QUINN

Governor

S.A. GODINEZ

Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

December 29, 2014

Deandre Crawford Register No. M30080 Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on July 7, 2014, regarding Medical (Dental Reguest, Co-Pay, 5/16/14), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

This office has reviewed your grievance dated May 16, 2014 regarding your requests for dental treatment on May 16, 2014. In summary, you believe this was an emergency situation, but was not call-passed until May 23, 2014; of which you refused to sign the co-pay voucher, as again, you believed you had an emergency request.

The Grievance Officer's Report (M257) and subsequent recommendation dated June 16, 2014 and approval by the Chief Administrative Officer on June 24, 2014 have been reviewed.

It is noted Offender Crawford refused to sign the co-pay voucher; therefore, refusing treatment. HCU Staff determine whether or not the issue at hand is an emergency. This decision is not made or determined by the offender himself. Additionally, an offender must sign this document/voucher. If determined an offender is indigent or incident was an emergency, an offender will not be charged. If co-pay was deducted, it will be placed back onto his/her account.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance and relief requested be denied.

FOR THE BOARD

Sherry Benton

Administrative Review Board

Office of Inmate Issues

S.A. Godinez

Director

Warden, Stateville Correctional Center Deandre Crawford, Register No. M30080

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE



e	Grievance Officer's	Report	2
Date Received: 5/23/1	Date of Review:6	<u>/16/14</u> Gr	ievance # (optional): M257
Committed Person: DeAndre	Crawford	İ	D#: M30080
Nature of Grievance: Medical	Treatment - Dental		
Facts Reviewed: Grievant cla	ims he needs emergency dental care for	a broke tooth.	
Per Medical Records, grievan untreated.	t was seen by dental on 5/23/14 and refu	sed to pay the co-pay a	nd left the dental department
27			
,			
		*	
		**	
		Inn	nate Issues JUL 7 2014
			MII 7 004
			2014 J. 2014
Recommendation: No	action.		
		^	
		Mario 10.	
Anna McBee, CCII		WWWVIC	Bl.
Print Grieva	ance Officer's Name ach a copy of Committed Person's Grievance, includ		Officer's Signature plicable)
	Chief Administrative Office	r'e Reenonse	
	2/1/1	i s nesponse	_
Date Received: 4/2	3/19 I concur	☐ I do not concur	Remand
Comments:	, /		·
			. 12
		2/1 01	40
	/arry	Willians	6/24/19
Chief Administrative C		T TI D'	L Date
5 W	Committed Person's Appeal	10 The Director	_
Chief Administrative Officer's decision	tive Officer's decision to the Director. I understar on to the Administrative Review Board, P.O. Box selor's response, if applicable, and any pertinent do	19277, Springfield, IL 62794	tted within 30 days after the date of the 9277. (Attach a complete copy of the
	Λ		
De Andre Cu	mitted Person's Signature	M30080	6/26/14 Date

Distribution: Master File; Committed Person

Page 1

ARB - Crawford 000207s DC 5657)

OFFENDER'S GRIEVANCE sent to grievance Offender: (Please Print) Facility where grievance Stateville Present Facility: issue occurred: NATURE OF GRIEVANCE: ☐ ADA Disability Accompredation ☐ Restoration of Good Time Personal Property ☐ Mail Handling ☐ HIPAA Medical Treatment ☐ Staff Conduct Dietary Other (speaty). Transfer Denial by Transfer Coordinator ☐ Transfer Denial by Facility Disciplinary Report: Facility where issued Date of Report status nouncation Protective Custody Denials may be grieved immediately via the local administration on the protective custody Note: Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, stc.) and send to: Counselor, unless the Issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer. Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. M30080 Counselor's Response (if applicable) Outside jurisdiction of this facility. Send to Send directly to Grievance Officer, Administrative Review Board, P.O. Box 19277. Springfield, IL 62794-9277 Counselor's Signature Print Counselor's Name **EMERGENCY REVIEW** Yes; expedite emergency grievance Is this determined to be of an emergency nature? Received: No; an emergency is not substantiated. Offender should submit this grievance in the normal manner. Date Chief Administrative Officer's Signature DOC 0046 (8/2012) Page 1 Distribution: Master File; Offender Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS

ILLIHOR DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

of the state of th
and told him if they need/want him they'll call for him. Inmate King told Ir. Mitchell that Il was in pain and needed to be seen for my emergency call pass. She told king to mind his busness and she'll get me over when
and told him if they need who is all and in over and
to No a told or Mitchell that I was in food
genmale ring was some call pass. The face
needed to be seen for my much on the me over when
Bind to mind his busness and she to
Territy to investigation
were
DOC 0046 (8/2011)

computed by the Department under rules and regulations that it shall establish for that purpose. However, interest at the rate of 6% per annum shall be charged on the balance of those costs from time to time remaining unpaid, from the date of the person's parole, mandatory supervised release, or release constituting a final termination of his or her commitment to the Department until paid.

- (d-5) A person committed to the Department is entitled to confidential testing for infection with human immunodeficiency virus (HIV) and to counseling in connection with such testing, with no copay to the committed person. A person committed to the Department who has tested positive for infection with HIV is entitled to medical care while incarcerated, counseling, and referrals to support services, in connection with that positive test result. Implementation of this subsection (d-5) is subject to appropriation.
- (e) A person committed to the Department who becomes in need of medical or surgical treatment but is incapable of giving consent thereto shall receive such medical or surgical treatment by the chief administrative officer consenting on the person's behalf. Before the chief administrative officer consents, he or she shall obtain the advice of one or more physicians licensed to practice medicine in all its branches in this State. If such physician or physicians advise:
 - (1) that immediate medical or surgical treatment is required relative to a condition threatening to cause death, damage or impairment to bodily functions, or disfigurement; and
 - (2) that the person is not capable of giving consent to such treatment; the chief administrative officer may give consent for such medical or surgical treatment, and such consent shall be deemed to be the consent of the person for all purposes, including, but not limited to, the authority of a physician to give such treatment.
- (e-5) If a physician providing medical care to a committed person on behalf of the Department advises the chief administrative officer that the committed person's mental or physical health has deteriorated as a result of the cessation of ingestion of food or liquid to the point where medical or surgical treatment is required to prevent death, damage, or impairment to bodily functions, the chief administrative officer may authorize such medical or surgical treatment.
- (f) In the event that the person requires medical care and treatment at a place other than the institution or facility, the person may be removed therefrom under conditions prescribed by the Department. The Department shall require the committed person receiving medical or dental services on a non-emergency basis to pay a \$5 \$2 co-payment to the Department for each visit for medical or dental services. The amount of each co-payment shall be deducted from the committed person's individual account. A committed person who has a chronic illness, as defined by Department rules and regulations, shall be exempt from the \$5 \$2 co-payment for treatment of the chronic illness. A committed person shall not be subject to a \$5 \$2 co-payment for follow-up visits ordered by a physician, who is employed by, or contracts with, the Department. A committed person who is indigent is exempt from the \$5 co-payment and is entitled to receive medical or dental services on the same basis as a committed person who is financially able to afford the co-payment. For the purposes of the same basis as a committed person who is

Proof of Service

Please take notice that on June 30, 2014 I placed a copy of grevance and grievance office response in the Stateville C.C. mail Properly addressed to the Administration Review Board

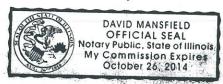
To: Administrative Review Board P.O. Box 19277 Springfield, IL. 62794-9277

Dated June 30, 2014

De Andre Crawford #30080 De Audre Crawford #30080 P.O. Box 112 Joliet, IL. 60434

Subscribed and sworn to before me this 30th day June, 2014.

Janid Mansfuld



Inmate Issues



Illinois Department of Corrections

PAT QUINN

Governor

S.A. GODINEZ

Director

1301 Co	ncordia Court / P.O. Box 19277 / Springfield IL 627	94-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844
	ender Name: Crawlold, Deand	
	pister # M30080	
	Stateville	-
	7/24/4	This office has determined the issue will be addressed without
a for	rmal hearing. A review of the Grievance, Grievance Officer/C	CAO response to the grievance has been conducted. For a
0	Transfer denied by the Facility or Transfer Coordinator	O Commissary
0	Dietary	O Trust Fund
0	Personal Property	O Conditions (cell conditions, cleaning supplies)
0	Mailroom/Publications	O Disciplinary Report dated
0	Assignment (job, cell)	Oother To Walker, Seizure Cler
	Based on a review of all available information, this office	ce has determined your grievance to be: 472414
0	Affirmed, Warden is advised to provide a written response of corrective action to this office by	O Denied as the facility is following the procedures outlined in DR525.
0	Denied, in accordance with DR504F, this is an administrative decision.	 Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
(Denied, this office finds the issue was appropriately addressed by the facility Administration.	O Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
. 0	Compensation for Inmate Assignments)	O Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and
0	Denied, as the transfer denial by the facility/TCO on was reviewed in accordance with transfer procedures and is an administrative decision.	DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
0	In addition, property items are to be disposed of in accordance with DR501C.	O Denied as the security staff are following the established schedule for dispensing cleaning supplies to the offender when possible.
6	Other: Claims against clowa	White are unsubstantiated.
0	you've since been c	een at Seizure Chinica
FOI		CONCURRED: State (Wales
	Sherry Benton Administrative Review Board	S.A. Godinez Director
CC:	: Warden, Correctional C. Correctional C. Register No.	enter 30080 17/32/14

State of Illinois - Department of Corrections **Counseling Summary**

IDOC # M30080

Counseling Date 04/25/14 15:31:52:393

Offender Name CRAWFORD, DEANDRE

Type Personal

Current Admit Date 07/17/2012

Method Face To Face

MSR Date 02/12/2088

Location STA B

HSE/GAL/CELL B -04-08

Staff DENNIS, LANDRIA A., Correctional Counselor II

Requested a transaction statement. Mailed.

Proof of Service Please take notice that on July 2014 I placed a copy of grievance Stamped many and grievance office response in the Stateville C.C. mail Properly addressed to the Administration Review Board Too Administrative Review Board P.O. BOX 19277 Springfield, IL. 62794-9277 Dated July 21, 2014 Le Andre Cramford #30080 P.O. BOX 112 Subscribed and Joliet, IL. 60434 sworn to before me this 21 st day July 2014 Janid Mansfield Inmate Issues JUL 2 4 2014

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report					
Date Received: 6/27/14 Date of Review: 7/7/14 Grievance # (optional): 1844					
Committed Person: DeAndre Crawford ID#: M30080					
Nature of Grievance: Staff Conduct – Performance of Duty					
Nature of Grievance: Stail Conduct – Performance of Buty					
*					
Facts Reviewed: Grievant claims that C/O Walker refused to take him to the HCU for seizure clinic on 4/22/14. He wants to be rescheduled for seizure clinic and for C/O Walker to be disciplined.					
Per Medical Records, grievant was seen in seizure clinic on 4/30/14.					
O to the situate was a second discipling for staff					
Grievant has no authority to recommend discipline for staff.					
Inmate Iceus					
Inmate Issues JUL 2 4.2014					
OUL 2 4.2014					
Recommendation: No action as it appears to be necessary.					
· · · · · · · · · · · · · · · · · · ·					
$\bigcap_{n \in \mathbb{N}} A_n = \bigcap_{n \in \mathbb{N}} A_n$					
Anna McBee, CCII					
Print Grievance Officer's Name (Attach a copy of Committed Person's Grievance, including counselor's response if applicable)					
Chief Administrative Officer's Response					
Data Received: 7/1/4 / I concur					
Date Received:					
Comments:					
Tany William 1/8/14					
Chief Administrative Officer's Signature // Uate					
Committed Person's Appeal To The Director					
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertiment documents.)					
De Andre Cramford Committed Person's Signature M30030 D# Date					

OFFENDER'S GRIEVANCE

B408

Date: 4/22/14 (Plass	Printy DEANdre Crawfo	rd M30080				
Present Facility: Stateville	Facility where grievance lasue occurred:	Stateville				
NATURE OF GRIEVANCE:						
Personal Property Staff Conduct Transfer Denial by Facility Disciplinary Report: / Detection	Mail Handling Restoration of Good Tim Dietary Medical Treatment Fransfer Denial by Transfer Coordinator Aeport Tay be grieved immediately via the local administration	HIPAA Other (spealy)				
	cument (such as a Disciplinary Report, Shakedown Re					
Counselor, unless the Issue involves of Grievance Officer, only if the issue inv Chief Administrative Officer, only if it Administrative Review Board, only if administration of psychotropic drugs, is Administrative Officer.	lscipline, is deemed an emergency, or is subject to do olves discipline at the present facility or issue not res MERGENCY grievance. the issue involves transfer denial by the Transfer Co- sues from another facility except personal property is	olved by Counselor. ordinator, protective custody, involuntary issues, or issues not resolved by the Chief				
Summary of Grievance (Provide information in for each person involved):	cluding a description of what happened, when and when	e it happened, and the name or identifying information				
Today I had a call refuse to let out		gallery for their				
		V COLORS				
att call passes were	L passes sent to HC	U. This is an every				
day thing with Clowalker, Warden Calloway was in						
B-house around 2:45-3:00 We told him that this was go-						
-T 1	neen seen for my se	124 rcs SiNCe 1/24/14				
I feel a concern	. 1	A				
and disciplinary action for c/o walker						
4100 discipiliodi y	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.						
De Andre Crawford		0080 4122114 Deta				
7.4.1.2.2	(Continue on reverse side if necessary)					
	Counselor's Response (if applicable)	T				
Date 4 25 14	Send directly to Grievance Officer	Dutside jurisdiction of this facility. Send to				
Received: Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277.						
Response: W 4/3/14	To Walker States sh	e dow not recall the				
show alleged incide	nt.	Inmate Issues				
		JUL 2 1, 2011				
	20	4.2014				
L. Demis	Lann	s 6,5,14				
Print Counselor's Name Counselor's Signature Date of Response						
	EMERGENCY REVIEW	J				
Date Received: / /	Is this determined to be of an emergency nature?	Yes; expedite emargency grievance No; an emergency is not substantiated. Offender should submit this grievance				
	4	in the normal manner.				
Chief AdmInis	trative Officer's Signature	in the normal manner.				

Princal on Recycled Paper

ALTHOR DEPARTMENT OF CONSECTIONS OFFENDER'S GRIEVANCE (Continued)

C/o Walker working our house. This is a real worry we have dealing with C/o walker and getting medical treatment. Which is also a violation of our medical treatment. Which is also a violation of our
the have deal wa with C/O Walker and getting
medical treatment. Which is also a violation of our constitutional rights and the inprisoned persons agree ment activities.
medical treat too the inprisoned persons agree ment
CONSTITUTIONAL MIGHTS OF
activities
DOC 0046 (8/2010)

Page 2

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: Offend
Facility: Other Miles
Grievance: Facility Grievance # (if applicable) 1181 Dated: 31914 by for Correspondence: Dated: Received: 71714 Regarding: Hald Sitt.
The attached grievance or correspondence is being returned for the following reasons:
Additional information required:
Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
Provide dates of disciplinary reports and facility where incidents occurred.
Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board Office of Inmate Issues 1301 Concordia Court Springfield, IL 62794-9277
Misdirected:
Contact your correctional counselor regarding this issue.
Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
Contact the Record Office with your request or to provide additional information.
Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A Springfield, IL 62706
No fruith ou us durant
No further redress: Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
This office previously addressed this issue on
☐ No justification provided for additional consideration.
Other (specify):
completed by: Sherry Benton SBlaton 12,19,14
Prior Name Signature Date

Distribution: Offender Inmate Issues

ILLINOIS DEPARTMENT OF CORRECTIONS RESPONSE TO COMMITTED PERSON'S GRIEVANCE



· ·	Grievance Offic	cer's Report	
Date Received: 4/15/14	Date of Review:	6/17/14	Grievance # (optional): 1181
Committed Person: DeAndre	Crawford		ID#: M30080
Nature of Grievance: Dietary I	ssues		
Facts Reviewed: Grievant war	nts to receive a Halal diet.		•
Per Counselor Dennis, per Ch	naplain Adamson, there is no Halal (diet available in IDOC	;.
		قمي. •	
			ition
			mate Issues
			Inmate Issues
			7111 <u>/</u> "
Recommendation: Issu	ie appropriately addressed by	y counselor. No act	tion.
		\cap	
		110001	lal a
Anna McBee, CCII	~	MINUL	Grievance Officer's Signature
	ance Officer's Name ach a copy of Committed Person's Grievance,	, including counselor's resp	
	Chief Administrative C	Officer's Response	
Date Received: 6/23	3/14 🛮 🗸 I concur	☐ I do not cor	ncur
Comments:	/		
			α
		1/1 11	i de la
	-/ar	ry Willia	213 (P/28/14)
Chief Administrative O	Officer's Signature Committed Person's Ap		
Law annealing the Chief Administra	tive Officer's decision to the Director Lunc	derstand this appeal must	be submitted within 30 days after the date of the
Chief Administrative Officer's decision	on to the Administrative Review Board, P.C selor's response, if applicable, and any pertin	J. Box 19277, Springriew,	IL 62794-9277. (Attach a complete copy of the
	Λ		
Ol Andre Cross		M3008	Date

Greenance O	OFFENDER'S GRIEVANCE	B408
Dete: 3/19/13 © Offendo		d M30080
Present Facility: 5+0x+cVIIIE	Facility where grievance issue occurred:	
NATURE OF GRIEVANCE:		
Staff Conduct Transfer Denial by Facility Transfer Denial Division Divisi	ail Handling	☐ ADA® BISABINITY AGESTIC Modation ☐ HIPAA ☐ Other (specty): ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Disciplinary Report: // Date of Rej	port ' Fa	acility where issued # 100
a the sure and a sure more located and	ment /euch se a Disciplinery Report, Shakedown Reco	ord, etc.) and send to:
Counselor, unless the Issue involves disc Gritavance Officer, only if the issue involved Chief Administrative Officer, only if EM Administrative Review Board, only if the administration of psychotropic drugs, issue Administrative Officer.	cipline, is deemed an emergency, or is subject to directed the present facility or issue not resolved discipline at the present facility or issue not resolved the provided discipline at the present facility except personal property issues from another facility except personal property issues.	ved by Counselor. dinator, protective custody, involuntary ues, or issues not resolved by the Chief
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Distribution: Master File; Offender

Page 2

DOC 0046 (8/2010)

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: Crawford Deandle M30080
Facility: Stateville
Grievance: Facility Grievance # (if applicable) Dated: 24141 216 14; 210 14 Or Correspondence: Dated:
Received: 312/14 Regarding: Not recieved partial, not seen by mentaged
The attached grievance or correspondence is being returned for the following reasons: 1x Hor purificulty.
Additional information required:
Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
Provide dates of disciplinary reports and facility where incidents occurred.
Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board Office of Inmate Issues 1301 Concordia Court Springfield, IL 62794-9277
Misdirected:
Contact your correctional counselor regarding this issue.
Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
Contact the Record Office with your request or to provide additional information.
Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
☐ Address concerns to: Illinois Prisoner Review Board 319 E. Madison St., Suite A Springfield, IL 62706
No further redress:
Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
This office previously addressed this issue on
□ No justification provided for additional consideration.
Other (specify):
11111
Completed by: Sarah Johnson Sarah Tohnson July Date

Printed on Recycled Paper

Distribution: Offender Inmate Issues

DOC 0070 (Rev.4/2013)

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

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	V		<u></u>

Date: 2/4/14	Ottender: (Please Print) Se Andre Ciarer and M30080
Present Facility:	Facility where grievance leave occurred:
NATURE OF GRIEVANCE:	
Personal Property Staff Conduct Trensfer Denial by Facility	☐ Mall Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation ☐ Dietary ☐ Medical Treatment ☐ HIPAA ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify). FER 1 4 2014
Disciplinary Report:	Date of Report Faculty where issued STA#
Note: Protective Custody De	inlats may be prieved immediately via the local administration on the protective custody status notifications
Counselor, unless the lesus im Grievance Officer, only if the is Chief Administrative Officer, of Administrative Review Board, administration of psychotropic d Administrative Officer.	only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary rugs, issues from another facility except personal property issues, or issues not resolved by the Chief
Summary of Grievance (Provide Inform for each person involved):	etion including a description of what happened, when and where it happened, and the name or identifying information
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,	(Continue on reverse side if necessary)
	Counselor's Response (if applicable)
Date Received:/ Response:	Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
(100px(au)	MAR 1 2 2014
	OFFICE OF INMATE ISSUES
Print Counselor's	Name Counselor's Signature Date of Response
	EMERGENCY REVIEW
Date Received: 2,18,14	te this determined to be of an emergency nature? Yes; expedite emergency grievance No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
	Stribal/Hogan 48 2,19,14
Chief	Administrativa Officer's Signature V V DOC 0046 (8/2012)

Distribution: Master File; Offender

Page 1

RUNOR DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

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ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE

B408

Date: 1 0 / 11	Offender:	Δ Λ Ι	ID#:	
Bronnt Facility		re Crawford	10#:30080	<u>-</u> -
Present Facility: STATEO, 110		issue occurred:	4. THE UNINEWANCE OFFICE	,,
NATURE OF GRIEVANCE:			_ · FEB 4 2014	
☐ Personal Property ☐ Staff Conduct	☐ Mail Handling ☐ ☐ Dietary ₩	Restoration of Good Time Medical Treatment	☐ ADA Disability Accommodation	1
☐ Transfer Denial by Facility	☐ Transfer Denial by Tr		Other (Feety)	_
☐ Disciplinary Report:	1			
D:	ate of Report		ty where issued	
·	-	•	the protective custody status notification.	
Grievance Officer, only if the iss Chief Administrative Officer, on Administrative Review Board, o	ves discipline, is deemed an ue involves discipline at the p ly if EMERGENCY grievance nly if the issue involves trans	emergency, or is subject to direct tresent facility or issue not resolved to the denial by the Transfer Coordina	eview by the Administrative Review Boar	rd.
Summary of Grievance (Provide Information for each person involved):	lon including a description of	what happened, when and where It h	ppened, and the name or identifying inform	ation
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Date	Counselor's	Response (if applicable)		
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Date Received: 2,/8/4	Is this determined to		Yes; expedite emergency grievance No; an emergency is not substantiated.	
<u>.</u>	Mahael Jaministrijus Officer's Signature	a a d in t	ender should submit this grievance the normal manner.	

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F FX	ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE	B408
Date: 2/10/14 Offens		M 30080
Present Facility: State Ville		tatev911e
NATURE OF GRIEVANCE:		
☐ Staff Conduct ☐ □	Mail Handling Restoration of Good Time Dietary Medical Treatment Transfer Coordinator	☐ ADA Disability Accommodation ☐ HIPAA GRIEVANCE OFFICE ☐ Other (speeds):
Disciplinary Report:/		FEB 1.9 2014.
Date of F Note: Protective Custody Denials m	ay be grieved immediately via the local administration or	
Complete: Attach a copy of any pertinent do Counselor, unless the issue involves di Grievance Officer, only if the issue involved the Administrative Officer, only if El Administrative Review Board, only if administration of psychotropic drugs, iss Administrative Officer.	scument (such as a Disciplinary Report, Shakedown Record iscipline, is deemed an emergency, or is subject to direct plyes discipline at the present facility or issue not resolve MERGENCY grievance. The issue involves transfer denial by the Transfer_Coordinates from another facility except personal property issues	d, etc.) and send to: It review by the Administrative Review Board. But Counselor. Inator, protective custody, involuntary But of issues not resolved by the Chief
for each person involved): I have NOT been Dr. Kelly has sent him. The first one w With deliberate if for those substrate Seeing other patic of my psy meds with having adverse as through three main Relief Requested:	Indifference Dr. Kelly Seressions although he nces. Dr. Kelly changed nout even seen me. No feets because of this lia eposides in January	PILNOSS IN MONTHS. All passes to sec 1/21/14, 02/04/2014 failed to see me was in B-house the scheduleing ow I have been s. I had to fight y. I've been in a
De Andre Cranford Ottender's Sig	nature ID	30 2 / 1 / 12 Date
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Date Received:/	Adn	side jurisdiction of this facility. Send to ninistrative Review Board, P.O. Box 19277, Ingfield, IL 62794-9277
Response:		
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Print Counselor's Name	. Counselor's St	ignature Dalà Of Response
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Date Received: 2 /9 /4	1	Yes; expedite emergency grievance No; an emergency is not substantiated. Iftender should submit this grievance the normal manner.

Distribution: Master File; Offender

Page 1

DOC 0046 (8/2012)

Chief Administrative Officer's Signature

ILLINOIS DEPARTMENT OF CORRECTIONS OFFENDER'S GRIEVANCE (Continued)

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ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: Last Name MI 10#
Facility: Starleville
Received: 3 12 14 Regarding: 0 Cample 2/12/14, Alfuld to be hum
The attached grievance or correspondence is being returned for the following reasons:
Additional information required: Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable. Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal. Provide dates of disciplinary reports and facility where incidents occurred.
Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board Office of Inmate Issues 1301 Concordia Court Springfield, IL 62794-9277
Misdirected:
Contact your correctional counselor regarding this issue.
Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
Contact the Record Office with your request or to provide additional information.
Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
Address concerns to: Illinois Prisoner Review Board 319 E. Madison St., Suite A Springfield, IL 62706
N. G. W
No further redress: Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
This office previously addressed this issue on
☐ No justification provided for additional consideration.
Other (specify):
Completed by: Sarah Johnson Sarah Tohnson July 14 Print Name Signature Date

Distribution: Offender Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

Date: 2/13/14	Offender: (Please Print) DeAnd	re Crawford	M30080
Present Facility: Statevill		Facility where grievance issue occurred:	OMEVANCE OFFICE
NATURE OF GRIEVANCE:		issue occurred.	1110 3 2911
Personal Property Staff Conduct Transfer Denial by Facility	Mail Handling Dietary Transfer Denial by T	Restoration of Good Time Medical Treatment ransfer Coordinator	ADA Disability Accommodation HIPKAN (F. HEA)
Disciplinary Report:	1 1		The share leaves
	Dete of Report		ility where issued the protective custody status notification.
Complete: Attach a copy of any perting Counselor, unless the issue investment of the issue of the control of the counselors of the counsel	nent document (such as a Dis rolves discipline, is deemed an sue involves discipline at the p inty if EMERGENCY grievance only if the lesue involves trans	. ciplinary Report, Shakedown Record nemergency, or is subject to direct present facility or issue not resolved s. ster denial by the Transfer Coordina	i, etc.) and send to: review by the Administrative Review Board.
	ation including a description of	what happened, when and where it h	appened, and the name or identifying information
	compliance E all then tal tald her? I tald tald Locar not her? I tald corrected to a substant I der's Signature (Continue on	aut on something fut on my ? If fut, on my? If me "No that My clother as you ether we them you so Them you so the you so the you so The you so The you so The your	enos else shough my
Date Received:/	Gounselor's	Admir	de jurisdiction of this facility. Send to nistrative Review Board, P.O. Box 19277, gfield, IL 62794-9277
Response:			
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			Co.
Print Counselor's i	Name	Caunselar's Sign	MAP / 2016 NAME /
	EMERG	ENCY REVIEW	SUE
Date Received: 314 119	te this determined to be	Offe	Yes; expedite emergency grievance No; an emergency is not substantiated. Ender should submit this grievance se normal manner. Date
	<u> </u>		DOC 0046 (8/2012)

Distribution: Master File; Offender

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